

ROCKPORT ADVENTURE CAMP 2020

REGISTRATION FORM

P.O. Box 65, Fulton, Texas 78358 www.rockportadventurecamp.com

CHILD'S FIRST NAME: _____ HOW DID YOU HEAR ABOUT US?
PARENT'S NAME: _____
ADDRESS: _____ REPEAT CAMPER
CITY: _____ STATE: _____ ZIP CODE: _____ A FRIEND
EMAIL: _____ FACEBOOK
CHILD'S SHIRT SIZE: _____ FARE HARBOR
PHONE: _____ OTHER

REGISTRATION FEE TO BE PAID (NON-REFUNDABLE): \$20.00 PLUS CAMP

ALL CAMPS \$300.00 + \$20.00 REGISTRATION FEE = \$320.00

June 15-18 (3rd-5th grade) _____ June 22-26 (1st-3rd grade)

Note: There is a limited space of 20, per camp, and we are on a first come basis. The 20 is both a minimum and maximum, should either camp not reach 20, camp will be cancelled and all monies refunded in full. The registration fee covers your child's lunches, t-shirt and water bottle for the week. All other costs cover gas, items for activities, staff, first aid, damages, etc. If the camp you choose becomes full prior to receipt of your registration, you will be contacted with an alternative week. Other camp dates may become available, depending on the demand for more camp dates.

Agreement: I understand the Rockport Adventure Camp program activities may include activities such as: challenging courses, wilderness exploration, rock climbing/rapelling, kayaking and paddle boarding. I also understand the Rockport Adventure Camp staff will communicate additional camp activities, prior to camp starting. By signing the Release of Liability form, I affirm that my child is in good health and that my child is not under a physician's care for any undisclosed condition that bears upon his/her fitness to participate in Rockport Adventure Camp's activities. I recognize the possibility of injury, disability or death by participating in the Rockport Adventure Camp's activities. I have been advised that efforts will be made to conduct these activities safely. Rockport Adventure Camp has in place safety policies and procedures, which meet the industry standards and are intended to assure safe and meaningful activities, which are age appropriate. Staff will encourage a sense of trust, self-esteem, confidence, group support, and cooperation among participants. Rockport Adventure Camp requires that every participant have health/medical insurance coverage and current immunizations. We require medical information about your child, so we may be aware of potential problems and are able to help the child in safely enjoying the activities. You, as the parent or guardian, are responsible for any medical costs incurred as a result of injury or illness while your child is at Rockport Adventure Camp. The completed medical forms are required and available at camp. I release the Rockport Adventure Camp Team from any liability for injuries or property damage that may occur as a result of my child's participation in any Rockport Adventure Camp activities. I give my full consent for my child to participate in the Rockport Adventure Camp program.

Parent Signature: _____

Please make checks out to: Fantasy Charters, PO Box 65, Fulton, TX 78358