



Registration Form 2012

Camper's Full Name _____ Nickname _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Grade entering in Fall 2012 _____

E-mail (will be used as primary form of communication as season approaches) _____

Age in July 2012 _____ Date of Birth (M/D/Y) _____ Sex _____ Weight _____ Height _____

Mother's Full Name _____ Father's Full Name _____

Father or Mother's Address (if different than child) _____			
City _____	State _____	Zip _____	Home Telephone _____

Father's Business Telephone _____ Father's Cell Phone _____

Mother's Business Telephone _____ Mother's Cell Phone _____

Person To Be Called If
Parents Cannot Be Reached _____ Telephone _____

Relationship of Above Person _____

Names and Ages of Siblings _____

Special Requests	
1. Transportation to Roman Catholic Services:	Required
2. May we use your name as a reference?	Yes No

PLEASE SELECT THE SESSIONS YOU WISH TO ATTEND.		
<input type="checkbox"/> SESSION 1 (June 27 to July 18)	<input type="checkbox"/> SESSION 2 (July 19 to August 9)	<input type="checkbox"/> FULL SEASON (June 27 to August 9)

Transportation to Camp		
<input type="checkbox"/> Bus to Camp (\$135)	<input type="checkbox"/> Bus home from camp (\$135)	<input type="checkbox"/> Round Trip (\$270)

Payment Information

Please make check payable to *The School of Swimming*

Single session \$3150

Full season \$5700

\$200 Registration fee enclosed **or** Total payment of \$ _____ enclosed

Parent/ Guardian Signature _____

Date _____

Note: More information on back.

Winter (Dec.—May): P.O. 265, Rocky Hill, CT 06067 860 563-2804
Summer (June—Nov.) P.O. 230, East Machias, ME 04630 207 255-3116

Photo Release

Camp Eagle Wing will be publishing a camp newsletter, posting pictures on our camp bulletin board, on our camp website, and using pictures for camp brochures. Please check and sign below to indicate whether we have permission to use your child's photo for these purposes.

Yes, I give permission for my child's picture to be used as stated above.

No, I do not give permission for my child's picture to be used as stated above.

Parent or guardian's signature

Date

**1. After completing this form please click submit on the top of this page.
You will receive a confirmation the following day.**

2. Send in the mail to us:

- A. A signed copy of this completed form.**
- B. \$200 registration fee (refundable until Jan. 1)**

**Send to: Camp Eagle Wing
 PO Box 265
 Rocky Hill, CT 06067**

If you have any questions please contact us.

Phone—(207) 255-3116

Email—campoffice@campeaglewing.com