



Camp Registration Form

Please print and complete the registration form and return it with a check made payable to Kids Moving Company. Use one form per registrant. Mail to: Registrations, Kids Moving Company, 7475 Wisconsin Avenue, Bethesda, Maryland 20814.

Please fill out all information and print clearly.

Child's Name _____

Birth Date: _____

Parents' Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work No. _____ Cell No. _____

Email Address _____

Pediatrician _____ Phone _____

School _____

Emergency Name and Phone _____

How did you hear about Kids Moving Company? _____

I am registering for:

Spring Camp, April 2-6, 2007: \$275 _____

**Summer Camp: \$285 per week. Early Bird Rate: Register before April 30th, 2007 and pay \$275 a week!
There is a no refund policy for all summer camps!**

I am registering for the following weeks (Check all that apply):

_____ June 18-22

_____ July 30-August 3

_____ June 25-29

_____ August 6-10

_____ July 9-13

_____ August 13-17

_____ July 16-20

_____ August 20-24

_____ July 23-27

_____ August 27-31

Total Enclosed: _____

To better enable your child to participate, please note any medical/special needs **and** any allergies:

RELEASE AGREEMENT

Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. If necessary, I authorize KIDS MOVING COMPANY to administer first aid and /or medical treatment for my child. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at KIDS MOVING COMPANY. I further release KIDS MOVING COMPANY from any and all liability and/or claims or damages arising out of personal injury of any kind. I understand that photographs taken of my child at KIDS MOVING COMPANY may be published without further notification. I understand that I am enrolling my child for the session indicated. **I have read all the information contained within and understand that there is a no-refund policy.**

Signature of Parent or Guardian_____

Print Name_____Date_____