

Crafters Quarters Kids Craft Camp (Ages 7-11)

Craft Camp Registration Form / Medical Release

July 19th – 23rd, 2010



Crafters
Quarters

Child's Name: _____

Date of Birth: _____

Home Phone: _____

Address: _____

Email: _____

Emergency Contacts: (Please list two)

Name: _____

Name: _____

Phone: _____

Phone: _____

Medical Permission:

In case of an accident or serious illness, I request that Crafters Quarters contact the emergency contacts listed above. If they are unable to reach either contact, I authorize them to call the physician indicated below and follow his/her instructions. If they cannot contact the physician, Crafters Quarters may make whatever arrangements necessary to expedite medical attention for my child.

Physician Name: _____

Phone: _____

Address: _____

Parent's Name: _____

Date: _____

Parent's Signature: _____

Your child will be released to the only parent listed above unless prior arrangements have been made.

List any allergies, diet, and pertinent medical information below. We request that if there are any special diet requirements, that you provide your child's snacks. Please be aware that Epi-pens and other medications are ***not kept on premises.***

Camp Hours: Monday through Friday, 8:30 am – 11:00 am. Children must be picked up by 11:15 am.

Payment Information: \$95 for the week.

Please check out to "Crafters Quarters" - Credit card payments are not accepted at this time.

Mail forms and checks to: Crafters Quarters, 36 Main St., Amesbury, MA, 01913.

Forms and checks due by: July 5, 2010

Limited enrollment, so please call to reserve your child's place in craft camp! 978-388-8000