



REGISTRATION FORM

Mail completed form and full payment to:
Chelsea Academy, 4 Family Life Lane, Front Royal, VA 22630

Student Name _____ Age _____

Parent Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Parent Email _____

Please list any food allergies: _____

_____ I give my permission for Chelsea Academy to use pictures of my child at camp

_____ Check here if this child is a sibling enrolling in the same camp

- Crafty Campers
- Photography
- Bug Out
- Graphing Calculator Workshop (Beginner)
- Graphing Calculator Workshop (Advanced)
- Drama Camp
- Girls Camp
- Codes and Ciphers
- The Logic of Games
- Cryptids: The Modern Myths
- The Magical World of Fairy Tales
- Boys' Summer Basketball Camp
- Super Summer Boys' Bash
- Sign Language Camp
- Creative Writing Camp
- Riggs Handwriting, Phonics and Spelling

WAIVER FORM

_____ has my permission to participate in Chelsea Summer Camp 2017.
Student(s) name(s)

If any emergency medical procedure or treatment is required during the camp, I consent to the camp supervisor(s) taking or arranging for transportation to an appropriate facility at his/her discretion if I am unable to be reached.

I, _____ (Parent/Guardian) request that the above named student(s) be allowed to participate in the camp planned and specifically consent to his/her participation. I agree to release Chelsea Academy, its employees, as well as its approved camp supervisors of any liability relating to the student's participation in the camp, including but not limited to the rendering of emergency medical procedures or treatment.

Parent/Guardian Signature

Date