
Camp Fired 2008 @ You're Fired

Medical Release/Camp Registration

Studio Location (Circle One) Bedford Concord Salem

Camp Fired Sessions: (Check all that apply)

Theme	Dates	Availability	
Extreme Room Makeover	7/7 - 7/11	All Studios	<input type="checkbox"/>
Christmas in July	7/14 - 7/18	All Studios	<input type="checkbox"/>
American Idol	7/21 - 7/25	All Studios	<input type="checkbox"/>
Pretty Pretty Princess	7/28 - 8/1	All Studios	<input type="checkbox"/>
Animal Planet	8/4 - 8/8	All Studios	<input type="checkbox"/>
Flower Power	8/11 - 8/15	All Studios	<input type="checkbox"/>
Under the Sea	8/18 - 8/22	All Studios	<input type="checkbox"/>

Campers Name: _____ Date of Birth: _____
Home Phone: _____ Shirt Size (Children's) XL L M S
Address: _____
Email: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Information: (List any and all)

Medical Permission Info:

In case of an accident or serious illness, I request that the camp contact me. If they are unable to reach me, I authorize them to call the physician indicated below and follow his/her instructions. If it is impossible to contact the physician, the camp may make whatever arrangements necessary to expedite medical attention for my child.

Physician Name: _____ Phone No: _____

Address: _____

Parents Name: _____

Parents Signature: _____ Date: _____

Please be advised that your child will be released to his/her legal guardian only unless prior arrangements have been made.

Payment Info: (Single Session \$95, two or more \$85 each) Total \$ _____

____ Check Enclosed made out to "You're Fired"

____ Visa/Mastercard Number _____ Exp Date: _____

Name on Card _____ Signature _____

Mail all camp forms to:

You're Fired
89 Riverview Park
Manchester, NH 03102