



2016 Book People Literary Camp Registration

- Half-Blood/Greek
- Jupiter/Roman

\$475/session

- Session I**
June 6–10
- Session II**
June 13–17
- Session III**
July 20–24
- Session IV**
June 27–July 1 (13–17 yrs only)
- Session V**
July 4–8
- Session VI**
July 11–15
- Session VII**
July 18–22
- Session VIII**
July 25–29 (13–17 yrs only)
- Session IX**
Aug 1–5
- Session X**
Aug 8–12

- Additional Shirt**
(\$15/each. Indicate #)
 Child Medium
 Child Large
 Adult Small
 Adult Med
 Adult Large
 Adult X-Large

- BookPeople Water Bottle**
(\$15/each Indicate #)
 Bottle(s)

Total \$ _____
cash / check / cc

Camp age range is 9–13 years, except Sessions IV and VIII which are 13–17 years.

Child's Name _____

Gender _____ DOB _____ Age time of camp _____

Cabin (returning campers) _____

T-shirt size _____ Child Medium Child Large
 (One included in registration fee) Adult Small Adult Med Adult Large

Parent One's Name _____

Email _____

Address _____

Phone _____ Alt Phone _____

Parent Two's Name _____

Email _____

Address _____

Phone _____ Alt Phone _____

- I have read and agree to the Parent Statement of Agreement.
- I have read and agree to the BookPeople child behavior contract.
- I have read and understand the BookPeople refund policy.
- I have read and understand the BookPeople policy regarding pick-up and drop-off.
- I have read and understand the BookPeople Statement of responsibility regarding injuries sustained by participants during camp.

The above documents available for viewing at <http://bookpeoplecamphalfblood.wordpress.com>

Signature/Date _____

Credit Card # _____ Expires _____

- Visa
- M/C
- Amex
- Discover

I hereby authorize BookPeople to debit the above credit card for extras, water bottles and/or dates indicated for my 2016 Camp session.

Signature _____

Emergency Care Information

Child's Name _____ Session _____

Emergency Contact/Authorized Pick-ups

Name _____ DL # _____

Phone _____ Alt Phone _____

Name _____ DL # _____

Phone _____ Alt Phone _____

Name _____ DL # _____

Phone _____ Alt Phone _____

Authorization for Emergency Medical Care

In the event that I cannot be reached I authorize BookPeople program Staff to take my child to:

Physician _____ Phone _____

Address _____

We currently have no doctor use closest: yes / no

Hospital _____ Phone _____

Address _____

In an emergency use closest: yes / no

Dentist _____ Phone _____

Address _____

We currently have no dentist use closest: yes / no

Medications _____

Special Diet _____

Operations/Serious Injuries _____

Disabilities/chronis/recurring illnesses/allergies _____

- Consent for treatment: I give consent for any necessary treatment when my child is in the care of this physician, hospital or dentist.
- Immunization: I can provide my child's immunization records and / or the records are on file at my child's school. All required immunizations and / or tuberculosis test are current.
- Authorization: In case of sickness or accident, I hereby give my permission to the medical personnel selected by BookPeople to order and/ or perform any medical attention deemed necessary if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither BookPeople nor its workers can be held responsible in the event of accident or accidental death.

Signature/Date _____