

GENERAL INFORMATION

Child's Name: <small>First</small> _____ <small>Last</small> _____		Parent's Name _____	
Address: <small>Street</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip</small> _____			
Email: _____		DOB: ____ / ____ / ____	Age: _____
Phone #: _____	Alt. Phone #: _____	2011 Season Pass Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Completed Grade Level: _____	T-Shirt Size: <i>(youth sizes)</i> _____	Information necessary for equipment purposes only. _____	Shoe Size: _____ Height: _____ Weight: _____

CAMP INFORMATION

Indicate which camp(s) your child would like to attend:

Summer Sports	<input type="checkbox"/> June 27-July 1	<input type="checkbox"/> July 25-29	<input type="checkbox"/> August 8-12
Discover with a Splash	<input type="checkbox"/> July 11-15	<input type="checkbox"/> August 1-5	
Junior Lifeguard and First Aid	<input type="checkbox"/> June 20-24	<input type="checkbox"/> July 18-22	

Rate your child's skill level for the following categories (1 = high, 2 = moderate, and 3 = low)

_____ Reading & Writing Tasks _____ Swimming Ability _____ Overall Endurance

Indicate which attractions your child will NOT go on:

Avalanche Viper's Vortex Mammoth Canyon Double Trouble Rattlesnake Rapids Pipeline Mines Racing Ridge Thunder Falls

PERSONAL HEALTH INFORMATION

Date of Last Physical: ____ / ____ / ____ Date of Last Tetanus Shot: ____ / ____ / ____

Check all that apply:

- Asthma Diabetes Epilepsy Fainting Glasses / Contacts Hypoglycemia Learning Disabilities
- Sensitivity to Sun UVA / UVB Light Other: _____
- Allergies (list allergies and what is to be given): _____
- Medications (list and bring bottle with original prescription): _____
- Check here if you **DO NOT** want us to provide sunscreen to your child. If checked, please be sure to provide your child with their own sunscreen.

PAYMENT INFORMATION

_____ Session(s)	\$ 225.00	First Name _____ Last Name _____ Phone _____	
_____ Discount	\$ _____	Billing Address _____ City _____ State _____ Zip _____	
(10% off Sibling or Season Pass Holder)		Credit Card #: _____	
Subtotal	\$ _____	Expiration Date: ____ / ____ 3 Digit CVV: _____	
6% Sales Tax	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Employee _____ Date _____	
TOTAL	\$ _____		