

HOT WHEELS SPRING BREAK 2019 REGISTRATION FORM

**HOURS OF OPERATION:** 7am-6pm

- Late pick-up fee after 6pm: \$1.00 per minute (must be paid at time of pick up)

**SPRING BREAK CAMP OPTIONS:** Please check day(s) attending

Mon (04/15) \_\_\_\_\_ Tue (04/16) \_\_\_\_\_ Wed (04/17) \_\_\_\_\_ Thurs. (04/18) \_\_\_\_\_ Fri (04/19) \_\_\_\_\_

**RATE:** \$95 Full Time (4-5 Days) Sibling Discount \$85.00. \$75 Part-Time (2-3 Days) \$35 Daily (1 Day Only)

- **Contacts:** (251) 753-4879 or (251) 626-5120 Email: [jennifer@hotwheelsdaphne.com](mailto:jennifer@hotwheelsdaphne.com)

**NOTICE TO PARENTS:**

- Full payment must be received upon registration. No Refunds are given for missed days.
- I give my permission for my child or children to be transported by Hot Wheels
- Playtime includes but not limited to: PS3, Wii, PS4, XBOX, skating, air hockey, pool table, board games, 100 inch TV/movies, and arts and crafts
- 2 snacks provided (can bring additional snack if desired)
- **Bring a packed lunch from home daily or \$5 Daily for Lunch**
- Snack bar and stuff shop will be opened from 1-4pm ONLY (optional)
- **Please attach a copy of medical insurance card and shot record, if you have not attended a camp at Hot Wheels before.**

**I HAVE READ UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Signature Required**

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Parents email: \_\_\_\_\_  
 Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_  
 Female: \_\_\_\_\_ Male: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Medical Needs or Medications: \_\_\_\_\_

Person(s) the may be released to:

Name	Relationship to student	Telephone number

Person(s) to be contacted in an emergency if parent(s) /guardian(s) cannot be reached:


**Emergency Medical Treatment**

In the event \_\_\_\_\_ (student name), becomes ill or sustains an injury while in the care of or under the supervision of the Spring Break, coordinators/director, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

**I HAVE READ UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Signature Required**