

MEDICAL FORM

Please note any physical disabilities or limitations, allergies, medical concerns and/or non-swimmer.



Discover St. Croix Summer Camp 2009

For further information, contact St. Croix Landmarks Society

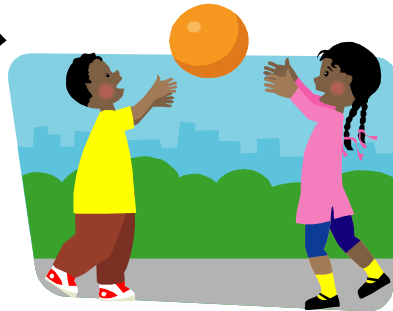
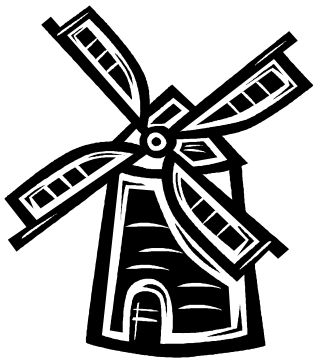
Phone: 772-0598 or Email: info@stcroixlandmarks.org

Sponsored by:

St. Croix Landmarks Society

#52 Estate Whim

Frederiksted, St. Croix USVI 00840



Located at Whim Museum, Frederiksted,

+ Island hikes

+ Explore Nature and Historic Ruins

+ Make Traditional Foods and Crafts

+ Experience Crucian Culture

+ Learn Local History/Traditions

Session I July 6-10

Session II July 13-17

Session III July 20-24

Session IV July 27-31

Session V August 3-7

(Each session is different, your child can attend ALL of them)

\$30 Registration Fee paid by June 1st.

Late Registration Fee \$45 after June 1st, 2009.

\$75 per weekly session.

We welcome children between ages 7-12 *Scholarships available

This camp is funded in part by a grant from the Department of Human Services Safe and Drug-Free Schools and Communities Program

Policies and Information

Campers Bring:

- A morning snack.
- A refillable water bottle.
- A willingness to have fun and learn.
- A backpack to carry belongings

We provide:

- Lunch and afternoon snack.
- Drinking water to refill your bottles.
- Transportation to and from field trips.
- Program from 9:00 AM-3:00 PM.

Campers Should:

- Arrive between 8:15 and 9:00 AM.
- Pickup promptly at 3:00 PM.
- Leave all electronic devices at home.

Fees are due prior to the start of each session.

Registration paid to reserve spots is non-refundable. Each campers spot will be reserved upon payment of camp fee on the Monday prior to the session. Mastercard/Visa Accepted.

Limit 30 participants per week.

I give permission to SCLS to use photographs of my child for promotional purposes. ____Yes ____No

Registration Form

Camper's name: _____

Age: _____ Social Security # _____

Parent/Guardian name(s): _____

Mailing Address: _____

Residence Address _____

Parent Work phone: _____ Cell _____

Parent Home phone: _____

In case of emergency contact: _____

Work phone: _____ Cell _____

Home phone: _____

Circle the desired session(s) your child will attend:

- I. July 6-10 II. July 13-17
- III. July 20-24 IV. July 27-30
- V. August 3-7

PAYMENT Amount: \$ _____

Check Cash MC/V # _____ exp: _____

RELEASE FORM

The undersigned is a parent or legal guardian of children, Names _____ and hereby consent to his/her participation in any events sponsored by the Discover St. Croix Summer Camp at Whim Museum and further hold harmless the Estate Whim museum, St. Croix Landmarks Society and all private owners from any claim of whatever nature which may arise as a result of his/her attendance of this program involving rigorous activity.

Parent signature: _____