

APPLICATION 2011-2012

LAST NAME (Camper's) MI FIRST NAME

HOME ADDRESS

CITY STATE ZIP

DATE OF BIRTH AGE

PARENT'S EMAIL ADDRESS

HOME PHONE NUMBER

MOTHER'S NAME WORK PHONE CELL PHONE

FATHER'S NAME WORK PHONE CELL PHONE

EMERGENCY CONTACT HOME PHONE CELL PHONE

CAMP PROGRAM INFORMATION

CAMP DATES PRICE

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If possible, please group me with the following campers

Does the camper have any medical condition that we should know about?

Asphalt Green requires a current medical form for all camp participants. Please fax us current school medical to Camps at 212.369.2630.

YES! I would like to make a tax-deductible contribution to Asphalt Green.
Enclosed is my gift of \$_____

METHOD OF PAYMENT

Amount Enclosed \$_____

CHECK CASH only accepted at the Asphalt Green Registration Desk on the 2nd floor of the AquaCenter.

MASTERCARD VISA AMERICAN EXPRESS

NAME AS IT APPEARS ON CREDIT CARD

CARD NUMBER EXP. DATE

CARDHOLDER'S SIGNATURE DATE

Unsigned applications for credit card payment will NOT be processed.

Refund Policy: Prior to the start of any camp you will receive a refund of all payments minus \$15.00 processing fee. After the start of all camps there will only be refunds for medical reasons. We will need documentation on all medical absences including a signed and dated doctor's note. No exceptions will be made to this policy!

I hereby grant Asphalt Green, Inc. and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, films or videos of my child, or in which my child may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium, and to copyright same. I hereby release Asphalt Green, Inc. and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos.

PARENT/GUARDIAN SIGNATURE DATE