



# Registration Form

June 25-29, 2012

Camp Fee: \$295

## A Water Based Day Camp

## CatfishBay.com

Make a splash this summer at Camp OnAqua! **A \$25 discount is available IF PAID IN FULL by March 15, 2012(\$270)**. Paying early saves you money and it also reserves your child a spot. Camp OnAqua 2012 is expected to sell out. If you do not want to pay the full fee now you can pay a \$50 registration fee with this registration form and pay the remaining \$245 by June 1, 2012. Please visit us on the web at [www.CatfishBay.com](http://www.CatfishBay.com) or call 605-339-0911 for more information.

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**CAMPER NAME** \_\_\_\_\_ Gender (circle): M      F  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade Completed (as of June) \_\_\_\_ School \_\_\_\_  
 Shirt Size (add \$15) Yes    No      Size \_\_\_\_\_

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**PARENT(S) OR GUARDIAN(S)** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_  
 Mother's email \_\_\_\_\_ Father's email \_\_\_\_\_

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**IN CASE OF EMERGENCY, AND PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:**  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Child's Medical Insurance Carrier \_\_\_\_\_ Card Number \_\_\_\_\_  
 Please indicate any health problems, allergies, medications, or concerns that we need to be aware of \_\_\_\_\_

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List **ONE** camper with whom your child wishes to be grouped (every effort is made to fill this request) \_\_\_\_\_  
 Please list names and phone numbers of friends who could possibly be interested in Camp OnAqua: \_\_\_\_\_  
 Where did you here about Camp OnAqua? \_\_\_\_\_

### BUS/VAN TRANSPORTATION

Please check one location. **(Pick-up and drop-off locations must be the same)**

- Frank Olson Park (Pool)       Jane Adams (SE Corner)       Spencer Park (Parking Lot)  
 Oscar Howe Elementary       Laurel Oaks       Catfish Bay Entrance

Pick-up and drop-off times will be sent to you via email or postal mail a few weeks prior to camp.

Camp OnAqua is open to campers of any race, color, religion, sex, and national origin. The camp fee is \$295, of which \$50 is a nonrefundable registration fee. Refunds are not made on registration fees except upon approval of the Camp Director. Every precaution will be taken against loss of personal property, but Camp OnAqua (SFWSC Inc.) will not assume responsibility in case of loss. Participation in camp indicates permission to use promotional photos of campers. Accident insurance is not available to campers through Camp OnAqua or SFWSC Inc. The responsibility for the cost of medical care is assumed entirely by the camper, parents or guardian. In case of an emergency, every effort is made to contact the parents. If parents are unavailable, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I accept responsibility for medical/surgical treatment charges which may be incurred on my child's behalf. I understand my child will be involved in activities that involve risk of injury. Further, I acknowledge that there may be risks not known or not reasonably foreseen at this time. I assume all the foregoing risk my child could be involved with. I release, waive, discharge and covenant not to sue SFWSC Inc., the SFWSC, Catfish Bay, Camp OnAqua, its members, its staff, USA Water Ski, its affiliated clubs, their respective administrators, directors, staff, counselors, sponsors, coaches, and other participants all of which are hereinafter referred to as releases from any and all liability to the undersigned and his/her/their above child, from any and all claims, demands, losses or damages on account of injury or property damage to property, caused in whole or in part by the negligence of the releases or otherwise.

I accept the responsibility as stated above.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Send this application and check to: **Camp OnAqua, 900 Grandview, Sioux Falls, SD 57103**. You will receive helpful reminders and important information a few weeks before the camp session begins. This form may be reproduced.      COA WS 1 18 12