GAMET1ME DAY-CAMP REGISTRATION

Name			
	LAST	FIRST	M.I.
Age	Date of Birth_	//	(MM/DD/YYYY)
Parent/Guardian_			
Address			
		Street	
	City	State	Zip Code
Phone	E-Mail		
Relation to Camper			
Emergency Contact	<u>-</u>		
Emergency Contact	c's Phone		
Emergency Contact	c's Relation to Cam	per	
Free-Time Gaming	ESRB Rating: E	E ₁₀₊ T	M
Allowed Exceptions	s:		
······	·····	^~~~	······
Medical Inform	nation		
Family Physician_			
List of known allers			
	5.00.		
Any known medica	l conditions:		

Medical Information Continued
Current Medications or medical devices and instructions:
Medical Concerns:
Does your child attend public school? Yes No
(If yes, need not apply)
If not, can you provide an immunization chart? Yes No

If your child experiences a medical emergency and requires immediate medical care,

is there an urgent care provider you prefer?

GameT1me Employee:_____

GameT1me Employee:

YYYY

Payment Schedule

Payment Schedule	Cost per <i>Day</i>	Cost per <i>Week</i>
Pay-by-Day	25^{00}	125^{00}
Pay-by-Week	2200	110^{00}
Pay-by-5Weeks*	1900	9500

^{*}Pay-by-5Weeks is a contract plan, this involves a mandatory security deposit.

Payment Schedule: (Select only one)

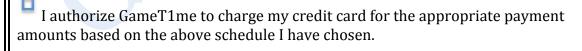
Pay-by-Day: Billed beginning of each day	

Pay-by-Week: Billed one day prior to each we	ch week
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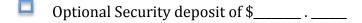
Pay-by-5 Weeks for	_weeks:	Rille	d one	daw	nrior	to eac	h weel	L
ray-by-5 weeks for	_ weeks.	Dille	eu one	uay	prior	lu eac	II WEEL	

Pay-by-Day/Week:

By signing, I understand that I will be required to make payments anytime prior to the day/week in which my camper will be attending GameT1me's Summer Camp. Failure to do so will be result in refused admittance for the camper until the payment has been made.



Parent/Guardian Signature MI



GameT1me Empl	oyee:

Pay-by-5Weeks					
By signing, I understand that I will be required to make a weekly payment of \$95.00					
to GameT1me by every Monday morning of the program for the duration of					
weeks starting/(First Monday for camper). If my camper					
fails to attend at anytime, including suspension/dismissal, I will still be held					
accountable for the remaining time in the contract.					
I understand security deposit, amounting to \$95.00, will be used towards the					
final week of my contract or a late payment date.					
I authorize GameT1me to charge my credit card for the appropriate payment amounts based on the above schedule I have chosen.					
Parent/Guardian Signature MM DD YYYY					
Credit Card Information					
Name:					
Card Number:					
Expiration Date:/					

Billing Zip Code: _____

GameT1me	Fmnlovee:	
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Daily Meals

Campers will be required to bring either a bagged lunch or \$5.00 for lunch every Monday-Friday. We will be having a pizza party every Friday, but bringing a bagged lunch is still acceptable.

