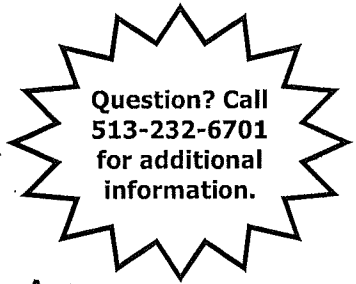




**2010
CAMP CONEY REGISTRATION**
Fill out one form per child.



Question? Call
513-232-6701
for additional
information.

Child's Name: Last _____ First _____ Age _____

Parent/Guardian(s) Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____

Is this child a Season Passholder? (circle one) YES NO
If yes, please note special pricing for Season Passholders.

Please indicate the camp(s) this child will attend and figure the fees:

5-DAY CAMP SESSIONS		Session Fees: \$135 / \$110 for Season Passholders		
CAMP	AGES	DATES	TIMES	TOTAL FEES
<input type="checkbox"/> Stage Camp	7-14	July 19-23	9:30-1:30	\$
SUBTOTAL A				\$
FRIDAY FUN CAMPS		Session Fees: \$35 / \$25 for Season Passholders		
<i>*Special Camp Session</i>				
<input type="checkbox"/> Jr. Lifeguard Camp	8-14	August 20	9:30-12:00	\$
SUBTOTAL B				\$
GRAND TOTAL (ADD SUBTOTALS A & B)				\$ *

*50% cancellation refund up to 1 week prior to camp date-NO REFUNDS for cancellations less than 1 week prior to camp date.

Payment can be made by check or credit card:

- Mail registration form(s) with checks payable to Coney Island to:
Coney Island, Attn: Alex, 6201 Kellogg Avenue, Cincinnati, OH 45228
- Please charge my credit card:

Credit Card Number _____ Exp. Date _____

Cardholder Signature _____

Billing Zip Code _____ Security Code _____

Please flip page and complete liability and emergency contact information.

RELEASE OF LIABILITY:

I EXPRESSLY AGREE TO ASSUME ALL RISK OF PHYSICAL HARM, AND TO RELEASE CAMP CONEY, CONEY ISLAND, INC. AND ITS OWNER, PARK RIVER CORP., it's officers, directors, employees, agents, successors and assigns (the "Released Parties") from liability for injuries, damages, or other loss of whatever nature relating to or in any manner arising out of participation by the undersigned in the Camp Coney program. Furthermore, the undersigned agrees to indemnify and hold harmless the Released Parties from any suit or other legal proceeding with respect to use of the facilities, or for any claims resulting from negligence on the part of Coney Island, Inc. I also understand this release applies to myself, any family member or guest of mine ("We") and to each and every time we attend the program.

Child's Name	Date of Birth
Parent/Guardian Name	
Signature of Parent/Guardian	Date

EMERGENCY AUTHORIZATION:

I understand that every effort will be made to contact me in the event of an emergency. But if it is important to do so, I HEREBY GIVE MY PERMISSION FOR CONEY ISLAND, INC, AND THE STAFF MEMBERS OF CAMP CONEY TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED BELOW. If possible, I request that the following physicians, institutions be used for the treatment, however, if the situation requires, I understand that this request may not be honored.

Child's Name	Date of Birth
Emergency Contact #1	Phone
Emergency Contact #2	Phone
Physician	Phone
Dentist	Phone
Hospital of Choice	E.R. Phone
Allergies	
Parent/Guardian Name	
Signature of Parent/Guardian	Date