KIDS SEA CAMP Inc.
FAMILY APPLICATION
(For all students ages 4-15) and All Adults
1 application per family must be submitted.

Dear Parents,

Please complete the following application so we can get to know you and your children better before Kids Sea Camp program begins. This form must be completed in full and submitted with the terms & conditions form and your deposit of $1,000 in order to confirm your Kids Sea Camp reservations. All forms are located on www.kidsseacamp.com reservations page. Please complete the following: 1 application per family.

Departure Date: ____/____/_____ Destination:_____ How many years Have you attended____
Do all participants speak English?____/ Number of rooms requested____ Room Type Requested_____
Please circle if any discounts may apply, ID required: Military / Fire fighter / Travel Agent / Dive Shop
Specific room # can not be guaranteed. Any discounted reservations must be paid by check only.

Personal Information: Please list all Adults over the age of 15 traveling:
Adult-First Name: Adult- Last Name: Diver YES: Diver NO Need rental gear Y/N
1._____/_____/_____/_____/_____
2._____/_____/_____/_____/_____
3._____/_____/_____/_____/_____
4._____/_____/_____/_____/_____
Name: Please give first and last name and childs age at time of camp_____

Child : 1._____ / Age _____Sex: M or F / Birth Day:_____/ T-shirt Size____
Child 2. ._____ / Age _____Sex: M or F / Birth Day:_____/ T-shirt Size____
Child 3._____ / Age _____Sex: M or F / Birth Day:_____/ T-shirt Size____
Child 4._____ / Age _____Sex: M or F / Birth Day:_____/ T-shirt Size____
Child 5. ._____ / Age _____Sex: M or F / Birth Day:_____/ T-shirt Size____

Parent 1-attending- name(first & Last)_____
Parent 2- attending-name(first & last)_____
If not parent, list name of adult guardian traveling with child:_____Relationship_____
Street Address where documents should be sent via UPS or Fed/ex: _____
_____

main person to contact:_____ Phone: _____ email: _____

Childs Information: Please circle the program you are enrolling your child in?
Child 1:

(Snorkel- Age4), (SASY 5+), (Seal Team8+), (Jr Open water10+), (OpenWater12+)(Kids Diver program)

Current level of training:_____ If Certified, please provide certification number & date

Cert#_____/date_____

Special request for teen diver's age appropriate. Advanced Openwater___, Other Specialty_____

Please rate your child's swimming ability ____ Beginner _____ Intermediate _____ Advance

Does your child have any snorkeling experience? ____ Yes ____ No
Comments:_____

Child 2:

(Snorkel- Age4), (SASY5+), (Seal Team8+), (Jr Open water10+), (OpenWater12+)(Kids Diver program)

Current level of training:_____ If Certified, please provide certification number & date

Cert#_____/date_____

Special request for teen diver's age appropriate. Advanced Openwater___, Other Specialty_____

Please rate your child's swimming ability ____ Beginner _____ Intermediate _____ Advance

Does your child have any snorkeling experience? ____ Yes ____ No
Comments:_____

Child 3:

(Snorkel- Age4), (SASY5+), (Seal Team8+), (Jr Open water10+), (OpenWater12+)(Kids Diver program)

Current level of training:_____ If Certified, please provide certification number & date

Cert#_____/date_____

Special request for teen diver's age appropriate. Advanced Openwater___, Other Specialty_____

Please rate your child's swimming ability ____ Beginner _____ Intermediate _____ Advance

Does your child have any snorkeling experience? ____ Yes ____ No
Comments:_____

Child 4:

(Snorkel- Age4), (SASY5+), (Seal Team8+), (Jr Open water10+), (OpenWater12+)(Kids Diver program)

Current level of training:_____ If Certified, please provide certification number & date

Cert#_____/date_____

Special request for teen diver's age appropriate. Advanced Openwater___, Other Specialty_____

Please rate your child's swimming ability ____ Beginner _____ Intermediate _____ Advance

Does your child have any snorkeling experience? ____ Yes ____ No
Comments:_____

IMPORTANT!!!!

Medical Information:

Does your child have any medical conditions, Special needs, : THIS INFORMATION MUST BE PROVIDED: If your child is taking medication or has any special conditions, you must have a completed medical form filled out and doctors note stating child can participate. Kids Sea Camp wishes to provide each child with a fun and safe program with properly qualified staff not giving us every opportunity to do this by not providing this information, can result in a child being removed from their program. Do not leave this blank if NO state No and initial area.
Initial/_____/ _____

Please list any allergies or medications; Child is taking also any foods to avoid:
_____
_____

Other Comments or information:_____
_____

Email, Mail or Fax completed Form to:

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