

KIDS SEA CAMP Inc.
2009 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 PADI program you are enrolling your child in?

Child 1:

(Snorkel/SASY- Age4), (SASY 5-7), (Seal Team8-9), (Jr Open water course10+), (Certified KidsDiver program)

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

Cert# _____ /date _____ Agency/ _____

Special **request** for teen diver's age appropriate- May or may not be offered at your destination.

Advanced Openwater ____ Adventure ____ Photo ____ Scooter ____ Other request _____

Does your child have any special needs?

Comments: _____

Child 2:

(Snorkel/SASY- Age4), (SASY 5-7), (Seal Team8-9), (Jr Open water course10+), (Certified KidsDiver program)

Current level of training:_____ If Certified, please provide certification number & date& Agency
Cert#_____/date_____Agency/_____

Special request for teen diver’s age appropriate- May or may not be offered at your destination.

Advanced Openwater___ Adventure_____ Photo_____ Scooter_____ Other request_____

Does your child have any special needs?

Comments:_____

Child 3:

(Snorkel/SASY- Age4), (SASY 5-7), (Seal Team8-9), (Jr Open water course10+), (Certified KidsDiver program)

Current level of training:_____ If Certified, please provide certification number & date& Agency
Cert#_____/date_____Agency/_____

Special request for teen diver’s age appropriate- May or may not be offered at your destination.

Advanced Openwater___ Adventure_____ Photo_____ Scooter_____ Other request_____

Does your child have any special needs?

Comments:_____

Child 4:

(Snorkel/SASY- Age4), (SASY 5-7), (Seal Team8-9), (Jr Open water course10+), (Certified KidsDiver program)

Current level of training:_____ If Certified, please provide certification number & date& Agency
Cert#_____/date_____Agency/_____

Special request for teen diver’s age appropriate- May or may not be offered at your destination.

Advanced Openwater___ Adventure_____ Photo_____ Scooter_____ Other request_____

Does your child have any special needs?

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:

Kids Sea Camp Inc, P.O. Box 291030 • Columbia, SC 29229

Tel. 803.419.2556 • Fax 803.699.8776 E-mail: kids@kidseacamp.com • www.kidsseacamp.com