



150 Citizens Circle
 Little River, SC 29566
 Phone: 843-399-WAKE
 SHARKWAKEPARK.COM

2017 Shark Wake Park Summer Camp

General Information

Summer Camp is a weekly camp pick up and drop off that runs Monday thru Friday 10am-4pm

We will ensure a 5:1 ratio of campers to counselors with a maximum of 25 kids per week

Camp is for ages 7 to 15

Advanced Gear must be purchased order to hit any ramps or features

Build Your Summer Camp Package (Check all that apply)

Check	Item	Cost
	Summer Camp Early Registration (sign-up before May 1) (includes all basic gear)	\$275
	Standard Summer Camp (includes all basic gear)	\$299
	Each Additional Summer Camp	\$249
	Advanced Gear Pkg. (includes Adv. Board, vest, and helmet)	\$49
	Shark Gear Pkg. (includes shirt, hat, and sweatshirt)	\$75
	Account Money (Snacks, Drinks, Ect.) (please put amount)	\$ _____
	Go Ape Junior Adventure Course (Ask for more details)	\$20
**If Basic Gear Pkg. is purchased it can be upgraded to Advanced Gear Pkg. at any time for an addition fee of \$30 **		

Check	Week	Dates
	1	June 12-16
	2	June 19-23
	3	June 26-30
	4	July 3-7
	5	July 10-14
	6	July 17-21
	7	July 24-28
	8	July 31- August 4
	9	August 7-11

Things You Need To Bring

- Camper Must Bring a Lunch Everyday
- A Towel
- Sunscreen
- A Dry Change of Clothes

Watersports Background

On a scale of 1-5 how much watersports background does your child have?

(1- I have never done it – 5 I ride cable a lot) (Circle One) 1 2 3 4 5

Does the Camper have any friends that will be attending the same week of camp? If so please list them so we can keep them together. _____

Is there anything specific the camper would like to learn here at Summer Camp? _____



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Participants Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Fathers Name _____ Fathers Phone _____

Mothers Name _____ Mothers Phone _____

Emergency Contact Name _____ Relation _____

Emergency Contact Phone _____

Medical Information

Is the camper taking any medication? (if yes, please state special instructions) _____

Does the camper have any allergies? (if so please list) _____

Is there any other important information we should know about your child's medical needs?



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In order to reserve a spot in the Shark Wake Park Summer Camp, payment must be received at the time of creating the reservation. You can pay in person in the Shark Wake Park office or through Credit Card Authorization form which can be obtained on our website or by emailing us at info@sharkwakepark.com
Checks will not be accepted.

Each child will need to have a waiver filled out by a parent or legal guardian. If the parent is not going to be present on the first day of camp, the waiver must be filled out and notarized prior to arriving. If the parent will be present on the first day of camp, the waiver can be filled out in our office.

Summer Camp hours are 10am - 5pm. Campers may bring their own lunch. Please provide a towel, sunscreen and a dry change of clothes for campers. I hereby authorize Shark Wake Park to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp staff and Shark Wake Park from any and all liability for any injuries or illness incurred while at camp. I understand that participation in various sports involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the names camper's participation in the camp program. I also understand that the camp retains the right to use photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

****Camp Sessions run on a consecutive week. If the camper misses any days during camp there will be no refunds for that day or any other days.****

No Cancellation Policy/ 48 Hour Rescheduling Policy

No Refunds will be given

Parent or Guardian Signature _____

Parent or Guardian Print _____

Date _____