

KIDS SEA CAMP Inc.
 2011 FAMILY APPLICATION
 (For all students ages 4-15) and All Adults age 16+
 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 per room in order to confirm your KSC 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
 Only one discount can apply per booking. Final payments must be paid by check on discounted bookings.

Personal Information: Please list all Adults over the age of 15 traveling in adult section below:

Adult-First Name:	Adult- Last Name:	Diver YES/NO:	Certification#	Need 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 only- Age4), (SASY age 5-7), (Seal Team8-9), (learn to dive course10+), (Youth-Divers age 10-15

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

Cert#_____/date_____Agency/_____

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

Advanced Openwater12+___ Adventure10+_____ Photo12+_____ Scooter12+_____ Other request_____

Does your child have any special needs?

Comments:_____

Child 2:

(Snorkel only- Age4), (SASY age 5-7), (Seal Team8-9), (learn to dive course10+), (Youth-Divers age 10-15

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 only- Age4), (SASY age 5-7), (Seal Team8-9), (learn to dive course10+), (Youth-Divers age 10-15

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 only- Age4), (SASY age 5-7), (Seal Team8-9), (learn to dive course10+), (Youth-Divers age 10-15

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 your child can participate. Kids Sea Camp wishes to provide each child with a fun and safe program with properly qualified staff. Not providing this information, can result in a child being removed from their program. Do not leave this blank if no then state no, initial and date If there will be any operation, illness or medical condition with in 6 months of your travel date, please bring a doctors approval to dive. Initial/_____/_____

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

Other Comments or information special day or celebration:_____

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@kidsseacamp.com • www.kidsseacamp.com