**2024 Camp Viva Registration Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_Grade (Fall 2024):\_\_\_\_\_\_\_\_\_\_

Parents/Guardians:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s T-shirt size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you hear about Camp Viva?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign me up for the week of 8/5 \_\_\_\_\_\_

Sign me up for the week of 8/12 \_\_\_\_\_\_

**Please circle your preferred specialty for 8/5 week:**

Paint-It! Lights-Camera-Act! Compete! Craft-It! STEAM Challenge

**Please circle your preferred specialty for 8/12 week:**

Paint-It! Lights-Camera-Act! Compete! Craft-It! STEAM Challenge

**\_\_\_\_\_\_\_\_Check is enclosed** (Made payable to: Camp Viva LLC)

**Early morning drop off (8:00am) is available for an additional $15 per day. Payment is due by the first day of camp.**

\_\_\_\_\_\_\_\_I am interested in early morning drop off each day (8:00am)

\_\_\_\_\_\_\_\_I am interested in early morning drop off a few days (8:00am)

\_\_\_\_\_\_\_\_I am not interested in early morning drop off (8:00am)

 By checking this box, I acknowledge that I agree with the Terms and Conditions as outlined at www.campviva.com/camp-guidelines/

Per Board of Health Regulation, you are also required to fill out a Medical History/Immunization form at least one month prior to the start of camp. We will send this to you.

**Please mail to:**

Camp Viva

Andrea Foley

3 Lakewood Dr

Medfield, MA 02052