



AFTER SCHOOL ACTIVITIES THUMBS UP!

“Motivating positive attitudes through activities.”

Name: _____

Address: _____

Area: _____ Island: _____ Zip: _____

E-mail Address: _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

School: _____

Age: _____ Weight: _____ Grade: _____

Medical Conditions or any allergies to medicines or limitations that may affect performance: _____

Swimming ability: beginner intermediate advanced

T-Shirt Size: YS YM YL S M L XL XXL

I am interested in the future possibility of transport and ride sharing.

My child has permission to attend Bali's Thumbs Up!

Enclosed is the money to cover the cost of the activity. I have no knowledge of any physical impairment that may affect my child's participation in the activities. I authorize the staff of the Camp to act for me according to their best judgment in any emergency requiring medical attention, and I agree to bear the expense of such procedures. I understand Tom Wellman and any staff involved in Thumbs Up! are not responsible for any accident or injury.

Applicant's parents / guardian will need to complete this form prior to the beginning of the activity:

Health Insurance Information : _____

- Payment Program : Term Membership 2.25 million (10 weeks)
- Monthly membership 1 million
- Punch card 400,000 (5 session)

Parent/Guardian's

Signature Date

Please make payments in cash directly
or

Deposit payments are accepted to BCA
Account name: **Daniel Thomas Wellman III**
Account number: **7700231474**

We suggest registering your child fast due to the heavy interest in the program and the fact that we are limiting the number of children. Your registration and the balance is due at check-in the first activity.