

SUMMER CAMP
Registration and Permission
To be completed by parent/guardian and students

STUDENT INFORMATION

Name _____ School _____ Grade _____ Age _____

PARENT/GUARDIAN INFORMATION

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number(s) _____

Name _____ Phone Number(s) _____

MEDICAL INFORMATION

Takes Medication (Name/Dosage) _____

Health Problems: Heart _____ Seizures _____ Blood Sugar Disorders _____
Allergies _____ Asthma _____ Other _____

Explain: _____

MEDICAL INSURANCE INFORMATION

Policy Number _____ Company Name _____

Company Address _____

I/we the undersigned, hereby grant permission for _____
(Child's Name)

to participate in this summer camp program. I/we do hereby release from any and all liability and hereby hold harmless all school personnel for personal injury, property or other type of loss that occurs as a result of this activity.

I/we further authorize the camp organizers to seek, arrange for and use our medical insurance listed above to pay for emergency medical care, hospitalization or surgery that may become necessary for my child during this activity. I/we hereby assume all financial responsibility for the cost of medical services for my child during this summer camp.

I hereby give permission for my child to be shown and/or identified in a film, web site, videotape or photograph made for media coverage of school events.

This summer camp staff will make every reasonable effort to properly supervise, control, and render safe all activities in the program described above.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

Parent/Guardian Signature

Date