School Summer Camp Registration Form

**Camp Participant Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Age: \_\_\_\_\_\_\_\_\_\_\_
Grade (as of upcoming school year): \_\_\_\_\_\_\_\_\_\_\_
Gender: [ ] Male [ ] Female [ ] Prefer not to say
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

**Parent/Guardian Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Primary Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Secondary Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Address:
Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Selection (Please tick the box next to the camp(s) your child wishes to attend)**

[ ] Science Explorers Camp (Ages 8-10)
[ ] Creative Arts Camp (Ages 11-13)
[ ] Adventure & Sports Camp (Ages 14-16)
[ ] Coding & Robotics Camp (Ages 12-15)

**Medical Information**

Allergies (food, medicine, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Primary Physician Name and Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

Special Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Special Accommodations Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Waiver**

I hereby give my consent for my child to participate in the School Summer Camp Program and acknowledge that I have read and understand the camp's policies and procedures.

I understand that photos and videos may be taken during camp activities and may be used for promotional materials.

I hereby release the school and its staff from all claims of injury that may arise from camp activities.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

**Payment Information**

Camp Fee: $\_\_\_\_\_\_\_\_\_
Payment Method: [ ] Check [ ] Credit Card [ ] Cash
(Please make checks payable to [School Name] Summer Camp)

Please return this completed form along with your payment to the school office by [Deadline Date]. For more information, contact us at [Contact Information].

Thank You for Registering for Our Summer Camp! We look forward to a fun and exciting summer!