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!