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.):	
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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!