

LCC Day Camp Registration

PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT.

M F
Sex

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Email

Email

Home Address

Mailing Address

City, St, Zip Code

City, St Zip Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I certify that the above information is true and complete, to the best of my knowledge. I understand that there are risks associated with any physical activity and I agree to hold Linnton Community Center and staff harmless from any and all responsibility for any injury or condition that might occur as a result of my child participating in the program.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

