

**The SalonSuite Kids Natural Hair Camp Registration Form**

**Camper Name:** \_\_\_\_\_

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information  
Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

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Camper Name: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

### **Deposit:**

\$100 deposit is due at the time of camp registration. This deposit will be put towards camp tuition.

### **SUMMER CAMP TUITION & PAYMENT:**

Summer camp tuition fee is due in full for your child is enrolled, either by cash or credit card. If a camper's tuition is not paid they will not be able to attend camp.

### **Please select from the following payment options:**

- Full 6 weeks 7/5/2023-8/09/2023 -\$512.50 including credit card processing fee

**Camp Tuition Total:** \_\_\_\_\_

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

### **Terms of Agreement**

#### **Photo Release**

I hereby give permission for my child to be photographed during the **The Salon Suite , LLC**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Feather River College Mountain Kids Camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

The The Salon Suite LLC and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

License cosmetology Signature: \_\_\_\_\_