



2021 AFTER SCHOOL/SUMMER DAY CAMP

REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____ Grade: _____

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Mother's name: _____ Phone# _____

Father's name: _____ Phone# _____

Person(s) authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone# _____

You have permission, in the event of an emergency and in case I / we are unavailable, to authorize a physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my Child _____ Parent/Guardian Signature _____

Parent/Guardian Signature _____ Date _____

I hereby give permission to Center for Community Advocacy to photograph and/or videotape the student for educational or promotional purposes. Parent Signature _____