

HOPE PARK SUMMER CAMP REGISTRATION FORMS

REGISTRATION FORM

Student Name _____ Age _____ School _____

Address _____ Zip _____

Parent's Phone _____

Student's email _____ Parent's email _____

WEEKS OF CAMP AND THEMES

WEEK 1- JUNE 5-9 Team Building	Week 5- JULY 3-7 Wet and Wild
WEEK 2- JUNE 12-16 Life Skills	WEEK 6- JULY 10-14 Animal Planet
WEEK 3- JUNE 19-23 Music Fun	Week 7- JULY 17-21 Saving the Earth
WEEK 4- JUNE 26-30 Creative Arts	Week 8- July 24-28 Summer Surprise

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent ____ 2nd Parent ____ Guardian ____ Both ____ Other ____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

*Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

HOPE PARK SUMMER CAMP REGISTRATION FORMS

PARENT AUTHORIZATION FORM

Please print all information clearly

Name of Camper: _____ **Today's Date** _____

HOPE PARK does not discriminate on the basis of race, color, sex, handicap, religion or national origin. HOPE PARK reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.
Parent/Guardian's Signature: I understand and accept these guidelines.

Parent/Guardian's Signature: _____

I give HOPE PARK permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at HOPE PARK and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I authorize the HOPE PARK management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved.

I am responsible for the expenses involved if the services of a physician or hospital are required.

Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred. _____

By signing below, I agree to adhere to all the Policies and Procedures set for by HOPE PARK.

Parent/Guardian's Signature: _____

HOPE PARK SUMMER CAMP REGISTRATION FORMS

STUDENT'S MEDICAL INFORMATION

Please print all information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

Date of last physical _____

Date of last tetanus shot _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a Ziplock bag with your child's name on it on the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. *

*Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons?

VIDEO RELEASE FORM

I, _____, hereby grant permission to _____, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape with payment of \$_____ (US Dollars) without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____

