

**PARTICIPANT INFORMATION, Ms. Fahrenthold's Summer Camp 2020**

(One form per participant)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Rising Grade \_\_\_\_\_ School \_\_\_\_\_

Classroom teacher \_\_\_\_\_

**Camps name and DATE you are registering for (ie: Vets in Training 3rd-5th)**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Camp Name: \_\_\_\_\_

**EARLY CARE?** Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** - The adult(s) listed in this section should be those in which the participant resides)

**Mother/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**Father/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**EMERGENCY CONTACT AND RELEASE AUTHORIZATION** - Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp. \_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp. \_\_\_\_

3) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp. \_\_\_\_

**Medical Conditions:** I want Ms.Fahrenthold's Summer Camp to know about these medical conditions for my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Please check here to acknowledge that Ms.Fahrenthold's Summer Camp **will not** administer medications to any participants.

**Disabilities:** I want Ms. Fahrenthold's Summer Camp to know about these disabilities for my child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** List any allergies for the participant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EpiPen:** Are you providing an EpiPen for use at the site? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_ Please check here to verify that you will not be providing your participant with an EpiPen for the allergy listed above, and that you understand the risks of not doing so, and that you release Ms. Fahrenthold's Summer Camp from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. The event of a life threatening allergic reaction, program staff will immediately call 911. We **do not** have EpiPens on site available for use.

**Photo Use:** I authorize Ms. Fahrenthold's Summer Camp to use photos of participant for publicity Yes \_\_\_\_ No \_\_\_\_

**By signing below, I acknowledge that:**

- Ms. Fahrenthold's Summer Camp provides no insurance coverage for participants; I have read, understand, and agree to Ms. Fahrenthold's Summer Camp program policies.
- I understand I am waiving my legal rights. (Please refer to camp policies.)
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize Ms. Fahrenthold's Summer Camp staff to seek appropriate medical care if parent/guardian cannot be reached.
- I have selected an appropriate program for the interests and abilities of the participant and that the information I have provided on the Participant information Form is current and accurate.

**Signature and payment** are required to complete the registration process.

Note: Ms. Fahrenthold's Summer Camp staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form.

**Parent/Guardian**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_