



Growing the Distance Inc. Enrollment Application

Summer 2019

To be completed by a parent/guardian, signed and turned into a director by the first day of camp. Form may be updated as changes occur during the summer.

Camper Information: Please complete a separate application for each student.

Camper First Name: _____	Middle: _____	Last: _____	Preferred Nickname: _____
Street Address: _____		City: _____	State: _____ Zip: _____

Date of Birth: ____/____/____ Month Day Year	Age _____	Gender (Circle one.) M F	Rising Grade Level (Circle one.) 1 2 3 4 5 6 7 8	School Camper Attends: (2019-2020) _____
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Race/Ethnicity: _____	Shirt Size (All shirts will be ordered in youth sizes) Circle one. S M L XL
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<p>Parent/Guardian Information:</p> <p>Name: _____</p> <p>Relationship to student: _____</p> <p>Address: _____</p> <p>Cell phone: _____</p> <p>Home phone: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p>	<p>Parent/Guardian Information:</p> <p>Name: _____</p> <p>Relationship to student: _____</p> <p>Address: _____</p> <p>Cell phone: _____</p> <p>Home phone: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p>
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Emergency Contact	Emergency Contact
Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Pick-up Authorization

Child will ONLY be released to the parents/guardians listed above and to the following individuals as authorized by the parent/guardians who signs this application. Staff may contact these individuals if parent/guardians cannot be reached or neither can pick up the child in a reasonable time. This includes child not being picked up by closing time, child is sick, behavior issue, personal need, etc.)

Name	Relationship	Address	Cell Phone	Work Phone

Is any person prohibited from picking up the child by a court order? _____
If yes, please provide the prohibited person's name, relationship to the child, and attach court order.

Name: _____ Relationship: _____

Medical Information

Name of Health Care Professional: _____ Office Phone: _____

Hospital Preference: _____ Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Please describe any medical and/or behavioral problem(s) of which the staff should be aware of. Please include all food allergies, fears, and physical conditions:

By signing this application, I, _____ authorize a staff member of Growing the Distance Inc. to obtain medical attention for my child in the event of an emergency. I understand 911 will be called and agree that a staff member may authorize emergency personnel to provide care if neither parent/guardian may be contacted immediately. I also understand the parent/guardian is responsible for all expenses associated with medical emergencies and accidents at the camp site.

X _____ Date: _____