



2016 SUMMER CAMP

Registration Form

Name of Camp: _____

STUDENT INFORMATION:

Student's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Grade Level: _____ School: _____

FAMILY INFORMATION:

Parent/Guardian: _____

Mother's Work Number: _____ Cell Number: _____

Father's Work Number: _____ Cell Number: _____

E-Mail Address: _____

Primary Custodian: _____ BOTH Parents _____ Mother _____ Father _____ Other

EMERGENCY INFORMATION:

1. Emergency Contact: _____ Relationship: _____

Phone Number: _____

2. Emergency Contact: _____ Relationship: _____

Phone Number: _____

Family Physician: _____ Phone Number: _____

List Any Health Problems: _____

AUTHORIZED ESCORTS:

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

5. Name: _____ Relationship: _____

RELEASE/PERMISSION CLAUSE:

I/We the undersigned parent(s) guardian(s) of the above student enrolled in the Summer Program at Crockett Day School do hereby release and discharge the school and its authorized representatives and staff from any and all liability of any kind and character upon claim, demand, or cause of action which might be asserted in behalf of said minor against school, representatives, or staff. Furthermore, in the event of accident, if the said staff or representatives are unable to contact the parent or guardian I/We hereby grant permission to said staff or representatives to administer necessary first aid/or to take the student to the nearest medical facility for additional treatment.

Parent/Guardian Signature

Date