

Conley Camp Registration Form

9 am-12 noon

33 N. Locust St., Alamo, TN

Please check ALL camps that you are attending:

_____ June 13-17 Gymnastics Camp

_____ Mad Scientist Camp

_____ June 20-24 Cowboy Camp

_____ Sports Camp

_____ June 27-July 1 Drama Camp

_____ Hip Hop/Dance Camp

Student's Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone
Number _____ Grade Level entering next year:

_____ School: _____

Parent/Guardian: _____ Mother's Work

Number: _____ Cell Number: _____

Father's Work Number: _____ Cell Number: _____ E-Mail Address:

EMERGENCY INFORMATION:

1. Emergency Contact: _____ Relationship: _____ Phone
Number: _____

2. Emergency Contact: _____ Relationship: _____ Phone
Number: _____

Family Physician: _____ Phone Number: _____ List Any Health
Problems: _____

List anyone who has permission to pick up your child:

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 Camp Program 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