



Last Name: _____

Payer's Information (The person/people who will be paying on the account)

Primary:

Name: _____ Relation to child(ren): _____ DOB: _____

Sex: _____ Driver's License # : _____ Email address: _____

Home address: _____ City: _____ ST: ___ Zip: _____

Home Phone: _____ Cell Phone: _____ Best to Contact: _____

Place of Employment: _____ Work address: _____

Work number: _____ Work email address: _____ Work Hours: _____

Please mark all that apply to you:

Lives with child _____ Emergency contact: _____ Authorized to Pick-up _____

Secondary:

Name: _____ Relation to child(ren): _____ DOB: _____

Sex: _____ Driver's License # : _____ Email address: _____

Home address: _____ City: _____ ST: ___ Zip: _____

Home Phone: _____ Cell Phone: _____ Best to Contact: _____

Place of Employment: _____ Work address: _____

Work number: _____ Work email address: _____ Work Hours: _____

Please mark all that apply to you:

Lives with child _____ Emergency contact: _____ Authorized to Pick-up _____

Emergency Contact Information (Emergency contacts are people that are to be contacted in case of emergency, if we cannot reach the parent/guardian)* Please indicate whether the emergency contact is allowed to pick-up.

Name: _____ Phone #: _____ Relation: _____ Pick-up: _____

Name: _____ Phone #: _____ Relation: _____ Pick-up: _____

Name: _____ Phone #: _____ Relation: _____ Pick-up: _____

***Please call in advance if someone other than those listed above will be picking up.



Student Camp Information:

First Child:

Student's Name: _____ Date of Birth: _____

Sex: M F Grade (upcoming Fall): _____ School: _____

List any known allergies to food, medicine, etc. _____

Also list any medical or non-medical conditions that would assist the staff in caring for your child.

Please list any information concerning your child(ren) that you feel we should be aware of.

Second Child:

Student's Name: _____ Date of Birth: _____

Sex: M F Grade (upcoming Fall): _____ School: _____

List any known allergies to food, medicine, etc. _____

Also list any medical or non-medical conditions that would assist the staff in caring for your child.

Please list any information concerning your child(ren) that you feel we should be aware of.

Third Child:

Student's Name: _____ Date of Birth: _____

Sex: M F Grade (upcoming Fall): _____ School: _____

List any known allergies to food, medicine, etc. _____

Also list any medical or non-medical conditions that would assist the staff in caring for your child.

Please list any information concerning your child(ren) that you feel we should be aware of.



Medical Contact Information

Pediatrician's Name: _____ Office #: _____
 Hospital of Choice: _____
 Insurance: _____ Policy/Group #: _____

Release Forms----Please Read and Sign Each Section

HOSPITAL RELEASE

Please be advised and aware that there are inherent risks involved both directly and indirectly related to the day camp program and its physical sports, trips and other activities. In case of injury and illness to my child, I authorize a camp representative to transfer my child to a hospital or other emergency medical facility for treatment. The safety of the campers is the priority of the day camp staff. Every attempt to contact a parent or guardian will be made. I accept responsibility for all costs involved in the transport and treatment of my child.

In the event of injury, I grant permission to take my child(ren) listed below for medical treatment.
 I have read, understand and agree with the terms of this release.

Parent/Guardian Signature: _____ Date: _____

SWIMMING PERMISSION

I hereby give my child(ren) permission to participate in swimming at location chosen by Camp Q.
 I am aware of the dangers and risks involved in participating in swimming. I understand that the camp staff including lifeguards will be on duty at the pool site. I have read, understand and agree with the terms of this permission.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP PERMISSION

I hereby give my child(ren) permission to participate in camp field trips.
 The child will leave from and return to the camp site. I have read, understand and agree with the terms of this permission.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO CONSENT

I hereby consent to allow my child(ren) to be photo/video and use such photo/video for publication/broadcast/website/Facebook. I waive any claim I might have against Camp Q arising from the use of such photo/video. I understand that such information could subsequently be used by other media or programs.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Event Approved by Staff ()Yes (No) Reason(s):