



2017 Summer Camp

REGISTRATION/MEDICAL RELEASE FORM

Summer Camp(s) _____ Price _____ Dates of Camp(s)** _____

****Summer camp class registration will close one week prior to the camp's listed date.
Please sign up as soon as possible to ensure your child's spot in our summer camps.**

Name _____
Home Address _____ City _____ State _____ Zip _____
Date of Birth _____ Entering Grade for 2017-2018 School Year _____ Gender _____

Parents' or Guardians' Name _____ Primary Email Address _____
Home Phone # _____ Cell Phone # (Dad) _____ (Mom) _____
Place of Business (Dad) _____ Phone # _____ (Mom) _____ Phone # _____
Insurance Company _____
Policy # _____ Group # _____ Doctor's Phone # _____

In the event of an emergency, give the name and phone # of friends/relatives we can contact who will know how to reach parents/ guardian.
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Can these people check out your child at the end of camp? (Circle One) YES NO

List any known food/drug or other allergies: _____
List medications taken regularly: _____
Previous operations, surgeries, or serious illnesses (list year): _____
Any other special instructions regarding youth: _____

T-shirt Size: (Circle One)

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Method of Payment: _____ Cost: Please note the prices listed for each camp on the Information sheet.

Check (Make checks payable to Strong Rock) \$ _____ —5-day Enrichment Camp
 Cash \$ _____ —5-day or 4-day Athletic Camp
 Credit Card (Make payment in Business Office)

TOTAL \$ _____

PARENT/GUARDIAN PERMISSION

I hereby give my permission for _____ to take part in various sponsored trips, outings, camps, and events of Strong Rock Christian School. I further give my permission for the designated/approved school representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the school representative or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that in the event that the above named son/daughter is involved in any inappropriate or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the school personnel.

Media Consent. I give my consent and permission for the taking of photographs and/or video of my child during Strong Rock Christian School sponsored events and waive and/or assign any and all rights (including copyright) in such media to Strong Rock Christian School.

Strong Rock Christian School, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

I have supplied, understood, and agree to all the information contained on the Registration/Medical Release Form.

Parent/Guardian Signature _____ Date _____

THIS REGISTRATION/MEDICAL RELEASE IS VALID FOR THE CURRENT CALENDAR YEAR IN WHICH IT IS SIGNED.