

East Coast Summer/Day Camp Program 2012 REGISTRATION FORM

Student _____, ____/____/____ M/F
Name DOB Age Sex Grade

Student _____, ____/____/____ M/F
Name DOB Age Sex Grade

Address _____ City _____ Zip 334 _____

Home Phone _____ Email Address _____

.....
Mother/Guardian _____ Work Phone _____ Cell _____
Name

Father/Guardian _____ Work Phone _____ Cell _____
Name

Child lives with: (Circle one)

Both Parents Mother Father Shared Custody

***If there is a legal issue regarding custody, information must be provided at the time of registration. Information provided Y/N**

Child can watch "G" or "PG" movie. Yes _____ No _____

Medical Alert (Allergies, Asthma etc.) _____

Name of Medication _____

Special conditions _____

Name of emergency contact or pick-up: (Must be 18 years or older)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If school is unable to contact parent/guardian in case of illness or injury, do we have your permission to call child's doctor or take child to the hospital?

Yes _____ No _____ Doctor _____ Phone _____

MEDICAL INSURANCE: Company _____ ID # _____

School Insurance Yes _____ No _____ Date purchased _____

(Please provide a copy of your insurance card)



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DISCIPLINE:

Parent will be notified of inappropriate behavior. Repeated inappropriate or disruptive behavior will result in a written conduct report. Three conduct reports will result in your child’s dismissal from the Summer Camp program.

Signature _____ Date _____

PICK-UP/SIGN-OUT:

I understand that only those adult persons listed on the registration form are permitted to pick up my child. I also understand that, at no time, is my child permitted to sign him/herself out of the program for any reason.

Signature _____ Date _____

SPORTS ACTIVITIES PERMISSION:

I hereby give permission for my child(ren) to participate in all sports activities offered through the East Coast Flames Summer Camp program. I release East Coast Flame School, East Flames Summer Camp, and all camp staff of any responsibility in case of accident or injury as I feel assured that maximum attention will be given to all safety precautions.

Signature _____ Date _____

PAYMENT POLICY:

Payment for Summer Camp is due, in full, by Friday May 12th. If payment is not received by this date your child(ren)’s name(s) will be removed from the program membership.

Signature _____ Date _____

CAMP SHIRT SIZE:

Please circle the shirt size needed for your child.

Childs -Small Medium Large Adult – Small Medium Large