

# KIDS CAMP REGISTRATION FORM

## Student – Camper Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Child's Phone #: \_\_\_\_\_

Camper's Shirt Size: Youth or Adult Small Medium Large X-Large 2X 3X

## Parent/Guardian – Contact Information

### Parent/Guardian #1

First: \_\_\_\_\_ Last: \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Parent/Guardian #2

First: \_\_\_\_\_ Last: \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Child lives with (Circle One): Parent/Guardian #1 Parent/Guardian #2 Both Other (Explain): \_\_\_\_\_

# Emergency Contact Information/Medical

## Emergency Contact #1

First: \_\_\_\_\_ Last: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

## Emergency Contact #2

First: \_\_\_\_\_ Last: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

\*\*Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures)

Medical Problem	Required Treatment	Should a Paramedic be called?
_____	_____	YES / NO
_____	_____	YES / NO
_____	_____	YES / NO

1. Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_
2. Is your child allergic to any type of food or medication?  
Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_
3. Does your child require a special diet?  
Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_

*The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.*

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Honea Path Police Department will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Honea Path Police Department will not provide transportation to and from the camp. The parent/guardian will be responsible for providing this transportation.

Parent's/Guardian's Initials \_\_\_\_\_

