

CREATURES AND CHARACTERS ART CAMP - REGISTRATION FORM

Student:

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
Grade (entering fall 2018) _____ Birth date ____/____/____ Age (as of June 30, 2016) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information***Parent/Guardian #1***

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____
Employer _____ Work Phone _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____
Employer _____ Work Phone _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release***Emergency Contact #1***

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Would you like to volunteer to stay and help for one of the five days of camp? ___ Yes ___ No

TUITION INFORMATION - \$200 payable in advance via credit card or check.

Credit Card # _____ Expiration Date _____ Card Zip _____

Name on Card _____ CCV code _____

Make Checks payable to Timothy Young

Mail registration form and payment to:

**Creatures and Characters Art Camp
PO Box 43,
Easton, MD 21601**

Registration Deadline July 30th, 2018. Space limited to the first 12 registered students. Camp requires 5 students minimum.

CREATURES AND CHARACTERS ART CAMP - REGISTRATION FORM

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

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

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

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: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

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.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

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 Timothy Young or Easton Church of the Brethren 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 _____

Terms of Agreement

Timothy Young or Easton Church of the Brethren are not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____