

MC After 3 Summer Camp

Student's Name: _____ Grade 2017-18 _____

Street Address: _____ City: _____

Home/Cell Phone: _____

Email: _____

Attending Both Weeks: _____ Only July 24-28: _____ Only July 31-Aug. 4: _____

Gender: ___M___F Date of Birth: _____ T-Shirt Size: Child/Adult _____

School 2017-18: _____

Father/Guardian:

_____ Phone: _____

Mother/Guardian: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Information:

Allergies/Medical

Problems: _____

Medications: _____

Pediatrician: _____ Phone: _____

Insurance: _____ Policy

#: _____ Group#: _____

The following individuals have permission to pick up my child from summer camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby give permission for my child to enroll in MC After 3 Summer Camp for 2017-2018 middle and high schoolers. I give the program permission to use my child's photograph and video footage in curricular projects and promotional materials. I give my child permission to participate in all camp programming, including swimming, hiking, athletics, paddle boating, fishing, STEAM (Science Technology Engineering Arts and Mathematics) activities, and other programs or activities that are offered. I give permission for Morgan County Schools and 21st CCLC to release any data, including but not limited to report card grades and STAR or other standardized testing scores so that curriculum may be better adapted for my child. I give permission to have my child transported for emergency medical care. I understand that my child will be taken to the closest emergency facility unless otherwise specified. I also understand that space is limited to the first 60 students registered and that I will be contacted by phone to continue the registration process once administration receives this form.