

## Hot Wheels Spring Break Camp Registration Form

*THIS SECTION IS TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN.*

Camper's Full Name:	Nickname:
Camper's date of birth:  Age:	Camper's home address:
Name(s) of parent(s)/guardian(s):	Home number: (    ) Cell number: (    )
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Email Address:	School Camper Attends: Grade Camper is in:
<b>Campers Status:</b> <b>Please circle Your Campers Status for the week:</b> <b>Week 1:    Full Time \$95    Part Time: \$75 (circle days attending)    M T W T F</b>	

**PERSON(S) TO BE CONTACTED IN AN EMERGENCY IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED:**

NAME	RELATIONSHIP TO CAMPER	TELEPHONE NUMBER

NAME OF CAMPER'S DOCTOR:	TELEPHONE NUMBER: (    )
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**EMERGENCY AUTHORIZATION:** I give permission for the camp facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred (If parent/guardian refused to sign, instructions must be attached stating what procedure the camp facility is to follow in an emergency.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Describe any special needs or instructions below:**


**Person(s) the camper may be released to:**

<b>Name</b>	<b>Relationship to child</b>	<b>Telephone number</b>

\_\_\_\_\_/\_\_\_\_\_  
**Signature of parent/guardian** **Date**

**I give permission for my child to participate in offsite activities and be transported.**

\_\_\_\_\_/\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**PLEASE DISCUSS ALLERGIES, MEDICAL PROBLEMS, AND/OR PHYSICAL LIMITATIONS OF THIS CAMPER:**

\_\_\_\_\_

**IS CAMPER UNDER PHYSICIAN'S CARE AND/OR TAKING MEDICATION (IF SO, PLEASE LIST):**

\_\_\_\_\_

**PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE CAMP STAFF SHOULD KNOW ABOUT THIS CAMPER:**

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