

OFFICE USE ONLY

Date Received: _____

Registration Fee Amount: \$ _____

Received By: _____

Hot Wheels 2019 Summer Day 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:	Camper's home address:
Age: Gender:	
Name(s) of parent(s)/guardian(s):	Cell number: () Home number: ()
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's Phone Number:	Employer's Phone Number:
*Parents Email Address *PRINT CLEARLY: (Our way of communication)	School Camper Attends: Grade Camper is in:
Campers T-Shirt Size: YS YM YL AS AM AL (one shirt is included in registration fee) # of Extra Shirts _____ @\$5= _____	

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: Other than parent(s)/guardian(s) listed:

Name	Relationship to child	Telephone number

_____/_____
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:
