



## Roanoke Island Festival Park Summer Camp Registration

Camper's Name \_\_\_\_\_

Camper's Age \_\_\_\_\_ Grade Level for 2010-2011 School Year \_\_\_\_\_

Mailing or E-mail Address (We will be sending out a letter with a schedule of activities before camp)

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### **Team Green Summer Camp**

June 28<sup>th</sup> – July 2<sup>nd</sup> (ages 7 -- 9)  
July 5<sup>th</sup> – July 9<sup>th</sup> (ages 10 and up)

### **Jr. Mercenary Summer Camp**

July 26-30 (ages 7—9)

### **Camp Smolkin**

August 9-13 (ages 10 and up)

Please circle camp attending

Name of adult(s) permitted to pick up child.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*A signed note will be required for another person to pick-up your child. For the safety of your child, we will require this person to show ID.*

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name ( )	Parent's/Guardian's Name ( )		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact ( )	Secondary Emergency Contact ( )		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_