



# Registration Form

Program: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

## REGISTRANT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## EMERGENCY CONTACTS and AUTHORIZED PERSONS

*In addition to providing contacts in case of emergency, you give the following people permission to pick up your child from activities.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTH INFORMATION

Allergies: No Yes (describe) \_\_\_\_\_

Medications that need to be taken during activities? No Yes (describe) \_\_\_\_\_

## PERMISSION TO PARTICIPATE/CAMP POLICIES AND PROCEDURES

I voluntarily agree to allow my child to participate in the above named program, or any extension thereof. I hereby waive, release, and hold harmless SCVi Charter School from any liability or claims for damages for personal injury including accidental death, and its elected and appointed officials, agents, and employees. As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to SCVi Charter School to use my child's image as they see fit for promotional purposes. I have read any additional information provided me about the above named program and agree to any stipulations required of me or my child in order to participate.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_