

# Summer Camp Registration for 2019

**Please include \$40 Registration Fee with form**

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Current School: \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email \_\_\_\_\_

Medical alert information: (food allergies, medical or health conditions): \_\_\_\_\_

If my child becomes ill or injured at HTLS, or while participating in a school-sponsored activity, I understand that HTLS will: (1) Contact me immediately; OR (2) Contact the emergency contact if I cannot be reached. Should HTLS be unable to reach me or the emergency contact, HTLS is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility is authorized to administer the emergency treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for the cost of medical treatment obtained under this authorization.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*Please check weeks of enrollment and indicate if you need Morning and/or After Care*

Week	Date	Summer Camp 9 am-3 pm	Check for Morning Care 8-9 am	Check for After Care 3-5 pm	Payment Received <i>(office use)</i>
1	June 3-7				
2	June 10-14				
3	See Below for Registration Options				
4	June 24-28				
5	July 8-12				
6	July 15-19				
7	July 22-26				

VBS Week	Date	Morning VBS 9am-12pm	Afternoon Camp 12-3 pm	Check for Morning Care 8-9 am	Check for After Care 3-5 pm
3	June 17-21				