

HYPE Summer Camp 2016

Registration Form

The weekly cost of HYPE Summer Camp is \$50 per child.

PARTICIPANT INFORMATION

Child's Name: _____ Age: _____ Date of Birth: _____
(Please Print)

Parent/Legal Guardian's Name: _____
(Please Print)

Address: _____

PHONE NUMBERS:

Cell _____ Work _____ Home _____

EMERGENCY CONTACTS (person to call if an emergency occurs and we are unable to reach a parent/legal guardian)

1. Name _____

Cell _____ Home _____

2. Name _____

Cell _____ Home _____

3. Name _____

Cell _____ Home _____

Pre-Existing Medical Conditions (i.e. allergies, ***food allergies*** blood transfusion, surgery, asthma, diabetes, etc.) for your child ***Please let us know if your child carries a Epi Pen***

Medication (prescribed by a doctor) that my child is presently taking _____

Health Insurance _____

Policy Number _____

My Child's Doctor (name & phone number) _____

All children must be picked up by 4:00pm daily. If your child is not picked up by 4:00pm, you will be charged a late fee of \$1.00 per minute/per child.

Limited Power of Attorney

If a serious emergency occurs it may be necessary for medical professionals to assist your son/daughter before the staff is able to contact you or your designated emergency contact person. Emergency medical care will be provided if you sign this authorization for medical treatment.

I give the Site Director of the **HYPE** Summer Camp limited power of attorney to act in my absence for my child,

_____ to receive the necessary medical treatment in case of an emergency, illness, accident or injury.

I, the undersigned applicant, parent or guardian of applicant participating in the H.Y.P.E. Summer Camp of the M.H. Newton Family Life Enrichment Center, do hereby release and discharge the FLEC and its authorized representatives and staff from all liability of any kind upon any claim, demand or cause of action which might be asserted on behalf of said minor against any said staff. I grant permission to said staff or representatives to administer necessary first aid and/or take participant to nearest medical facility for additional treatment if unable to contact the parent or guardian.

I have read or had someone read to me the conditions set forth in this registration form.

Photo/Public Relations Release Form

I, _____, the

parent/legal guardian of _____, do hereby give the **HYPE** After School Program (or its authorized designee) the right and permission to copyright and publish the photo, Video, and/or quote in which my child may be included either wholly or partly for marketing, public relations and media Advertisements.

Parent/Legal Guardian Signature

Date

Return this completed form to:

M.H. Newton Family Life Center
415 Manning Avenue
Sumter, SC 29150

Phone: (803) 934-9527 Fax: 803-934-0022

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