

HYPE Summer Camp 2012

Registration Form

PARTICIPANT INFORMATION

Child's Name: _____
(Please Print)

Age: _____ Date of Birth: _____

Allergies/ Medical Conditions _____

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

Address: _____

PHONENUMBERS:

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 _____

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.

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

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

Parent/Legal Guardian's Signature: _____
(Parent Signature is required)

Return this completed form to:
M.H. Newton Family Life Center
415 Manning Avenue
Sumter, SC 29150
Fax 803-934-0022