

Please Print

Child's Name _____

Address _____

Age _____ Grade entering this fall _____

Health information:

Is the child on any medication? (if yes, please list) _____

Provide information on any medical conditions, allergies, dietary restrictions or special needs that we should be aware of to ensure that your child's camp experience is positive.

Contact Information:

Parent or Guardian Name _____

Daytime Phone _____

Cell Phone _____

Emergency Contact Person _____

Emergency Phone _____

PLEASE NOTE: TSHIRTS ARE AN ADDITIONAL \$10 AND ARE OPTIONAL

T-shirt Orders: (please circle size) Youth: S M L Adult: S M L XL

Children must be dropped off by 8:30 a.m. and picked up no later than 12:45 p.m. each day. There will be no child care program available before or after camp.

In case of emergency, I give permission for my son or daughter to receive any necessary treatment while participating in camp activities. Southern Union State Community College and its personnel will not be held responsible in case of accidents. Signing this release also constitutes an agreement that any photographs taken of students may be used by SUSCC for public relations purposes.

Parent/Guardian Signature _____

Date _____