

S.R.E SUMMER CAMP REGISTRATION FORM

Student's Name: _____

Student's Address: _____

Student's Home Phone #: _____

Student's Date of Birth: _____

Student's T-Shirt Size: (Circle appropriate size) Youth: Small, Medium, Large, Extra Large

Father's Name: _____

Father's Address: _____

(If different than the above)

Father's Phone #: _____ Work: _____

Mother's Name: _____

Mother's Address: _____

(If different than the above)

Mother's Phone #: _____ Work: _____

2022 SUMMER CAMP WEEKS

(Please circle the weeks you are enrolling your child.)

(Monday - Friday)

7am - 5:30pm

June 6th - June 10th - \$115

June 13th - 17th - \$115

June 20th - June 24th - \$115

June 27th - July 1st - \$115

July 5th - July 8th - \$100

July 11th - July 15th - \$115

July 18th - July 22nd - \$115

July 25th - July 29th - \$115

DAILY PRICES AVAILABLE AT \$30.00 A DAY

10% OFF FOR SIBLINGS

SUMMER CAMP FEES ARE DUE EACH MONDAY

CHILDREN MUST BE PICKED UP ON TIME.

A \$5.00 FEE PER EVERY 15 MINUTES PAST PICK UP TIME WILL BE ACCESSED.

Submit this Registration Form right away to secure your child's spot in Summer Camp

2022 SUMMER DAY CAMP REGISTRATION AND MEDICAL AUTHORIZATION PICK UP
AUTHORIZATION AND EMERGENCY CONTACTS

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Child's Doctor: _____

Phone # _____

Hospital Preference: _____

Does your child have any medical conditions that we should know about?

YES _____ NO _____ (If yes, please list or describe:)

FIELD TRIP PERMISSION FORM AND MEDICAL AUTHORIZATION

My child has permission to accompany Starved Rock Entertainment Summer Camp on all summer field trips, and I understand that in the event my child requires medical treatment while engaged in a Starved Rock Entertainment approved activity, reasonable efforts will be made to contact me. However, if I cannot be reached, I hereby consent and give permission to the Camp's sponsor or any adult counselor acting on behalf of the camp with respect to the activity, as agent for me. I agree and consent to any x-ray exam, injections, anesthesia, medical, dental or surgical diagnosis, treatment and hospital care, treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where services are rendered, either as an outpatient or in any hospital. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any before applying for benefits that may be available from the Camp's medical and hospitalization coverage.

Parent's Signature: _____

Parent's Name: _____

Date: _____