

Camper Name: _____ Age: _____

GEMINI INK/ CONFLUENCE PARK SUMMER CAMP REGISTRATION FORM

Child 1

First _____ Middle _____ Last _____ Gender: Male __ Female __ Other __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2020) ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Child 2

First _____ Middle _____ Last _____ Gender: Male __ Female __ Other __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2020) ____

Child 3

First _____ Middle _____ Last _____ Gender: Male __ Female __ Other __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2020) ____

Which session will your child(ren) be attending?

_____ Session 1: Monday, 7/6; Tuesday, 7/7; Wednesday, 7/8; Thursday, 7/9 from 8:30-12:30

_____ Session 2: Monday, 7/13; Tuesday, 7/14; Wednesday, 7/15; Thursday, 7/16 from 8:30-12:30

_____ Both sessions

If this workshop has to move online, does your child(ren) have access to a device plus access to the internet?

___ Yes ___ No ___ Maybe ___ Other: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Primary Physician _____
Address _____

Camper Name: _____ **Age:** _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>
_____	_____
_____	_____
_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Gemini Ink and/or Confluence Park will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about "In Response to the River" Creative Writing Workshop at Confluence Park.

After School Program Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Video/Photo Release

I hereby give permission for my child to be photographed or video recorded during "In Response to the River" Creative Writing Workshop at Confluence Park. I understand the photos will be used to document activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Gemini Ink and Confluence Park and its affiliates.

Parent's/Guardian's Initials _____

Gemini Ink and Confluence Park are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____