

# Summer Camp Registration Form

Student name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's phone: \_\_\_\_\_ Camp: \_\_\_\_\_

Student's email: \_\_\_\_\_ Parent's email: \_\_\_\_\_

1st Parent/Guardian: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone: \_\_\_\_\_

2nd Parent/Guardian: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cell phone: \_\_\_\_\_

Child resides with: 1st Parent \_\_\_\_\_ 2nd Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Name and phone number(s) of person(s) other than parents allowed to pick up your child.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

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# Student's Medical Information Form

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Please print all information clearly.

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Pediatrician's name: \_\_\_\_\_ Pediatrician's phone number: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

List of past medical treatments: \_\_\_\_\_

\_\_\_\_\_

List all current medications regardless of whether it needs to be taken a camp or not:

\_\_\_\_\_

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.

**Allergies:** (Please put N/A if your child does not have an allergy)

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

Does your child require an EpiPen? \_\_\_\_\_ If yes, you must provide the camp with an EpiPen to be kept at camp during your child's enrollment. EpiPen must be accompanied with a current prescription and a doctor's note.

Specific activities to be restricted for health reasons: \_\_\_\_\_

\_\_\_\_\_

# Parent Authorization Form

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Name of camper: \_\_\_\_\_ Date: \_\_\_\_\_

The People's Channel does not discriminate on the basis of race, color, sex, handicap, religion, or national origin. The People's Channel reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camp.

I understand and accept these guidelines:

Parent/Guardian's Signature: \_\_\_\_\_

I give The People's Channel permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at The People's Channel and can be used for promotional purposes without notification.

Parent/Guardian's Signature: \_\_\_\_\_

I give permission for The People's Channel to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: \_\_\_\_\_

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required.

Parent/Guardian's Signature: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

By signing below, I agree to adhere to all the policies and procedures set forth by The People's Channel.

Parent/Guardian's Signature: \_\_\_\_\_



# The People's Channel Summer Camp Scholarship Application

**This form is designed to help us determine how much assistance you need for your child to attend our camp this summer. We have a limited amount of scholarship funds so we appreciate families paying what they can. Please fill out a new form for every child going to camp.**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Each camp's tuition is \$425. Please list the amount your family can afford to pay: \_\_\_\_\_

**Please select the camp you are applying for:**

Chose Your Own Adventure Camp  
TPC June 12th-June 16th

Chose Your Own Adventure Camp  
TPC June 26th-June 30th

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*