

JULY DAY CAMP Registration Form

July 3, 2017-July 7, 2017



**THE HOUSING AUTHORITY
OF ANDERSON**

INTERNAL USE:

First Name: _____ Age: _____

T-Shirt Size: _____ Photo Release: _____

Initialed: _____

CHILD INFO

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Age: _____ Grade Entering: _____

Known Allergies: _____

Home Address: _____ State: _____ Zip: _____

T-Shirt Size*: Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium Adult Large Adult XL 2XL
*Circle one

LEGAL GUARDIAN INFORMATION #1

First Name: _____ Last Name: _____

Date of Birth: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

LEGAL GUARDIAN INFORMATION #2

First Name: _____ Last Name: _____

Date of Birth: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

CHILD EMERGENCY CONTACT INFORMATION

Authorized Pick-Up Name #1: _____

Relationship: _____ Phone: _____

Authorized Pick-Up Name #2: _____

Relationship: _____ Phone: _____

CONTINUE TO BACK

LIABILITY RELEASE WAIVER

I hereby make application for the enrollment of the camper listed above at the Housing Authority of Anderson and SC Camps & Retreat Ministries ('Ministries') Camp Providence Day Camp. I give permission for interviews, photographs or video footage of my child or myself to be used by Ministries for promotional purposes. I give permission for Ministries and its designees (Housing Authority of Anderson) to transport my child or myself for participation in an activity and/or for health safety. I understand that there are risks of possible injury or death by reason of participation in camp or outdoor activities and I assume those risks for my child or myself. I further agree for my child and/or myself to hold Ministries and its agents and trustees harmless for any and all claims for damages, injury or loss to person or property or death in connection with a Ministries activity, except to the extent claims are caused by gross negligence or willful misconduct of Ministries.

Parent/Guardian Signature _____ Date _____

HEALTH & INSURANCE INFORMATION

Is this child covered by medical/hospital insurance*? YES NO If yes, name carrier: _____

*circle one

Carrier Phone Number: _____ Insurance Company/Plan name : _____

Health Insurance Policy Number: _____ Name of Insured: _____

Relationship to Child: _____ Preferred Hospital: _____

HEALTH WAIVER

I hereby give permission to the medical personnel selected by The Housing Authority of Anderson and SC Camps & Retreat Ministries ('Ministries') to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Ministries to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature _____ Date _____



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