

Camper Name: \_\_\_\_\_ Valley of the Moon Camp Registration Form Age: \_\_\_\_

## Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Child's Phone \_\_\_\_\_

## 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 \_\_\_\_\_

E-mail \_\_\_\_\_

### *Parent/Guardian #2*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Child lives with:  
\_\_\_\_\_

Legal guardian(s):  
\_\_\_\_\_

Person(s) responsible for payment  
\_\_\_\_\_

Child's tee shirt size: Child Small \_\_\_\_ Child Medium \_\_\_\_ Child Large \_\_\_\_

Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_

**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 \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_

Is there anyone who is legally prohibited from contact with the child? Yes\_\_ No\_\_ If yes, explain and attach order of protection or relevant document

**Medical Release/ Information**

Policy Number \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Primary Name on Insurance Policy \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Medical Problem

Required treatment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child have sensory or social preferences we should know about? *While all accomodations may not be possible, we want to be aware what will make your child feel comfortable (for example wears headphones for noise reduction, prefers small groups, etc.)*

\_Yes\_\_ No\_\_ If yes, describe: \_\_\_\_\_

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

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 \_\_\_\_\_

Valley of the Moon and the George Phar Legler Society, Inc and its Board of Directors will be held harmless for any accident or injury that may occur while at Day Camp. I understand that the George Phar Legler Society, Inc, Valley of the Moon, its volunteers, employees and Board of Directors 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 \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during Valley of the Moon Camp. I understand the photos will be used to keep a journal of 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 George Par Legler Society, Inc and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

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George Phar Legler Society, Inc. and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. 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).

**I attest I have legal authority to grant permission for this child and agree to all provisions listed above.**

Legal Guardian Signature: \_\_\_\_\_

Printed Name of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_