

*Please complete a separate form for each camper. Please print clearly*

Full Name \_\_\_\_\_ Name for Badge \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size (*circle one*) Youth: S M L XL XXL Adult: S M L XL XXL

Grade (Fall 2018) \_\_\_\_\_ School \_\_\_\_\_

Dietary Restrictions (*Please explain*): \_\_\_\_\_

Medical Conditions / Medications to be Taken while at Camp (*Please explain*): \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

List All Persons Who Have Permission to Pick Up Camper \_\_\_\_\_

#### PAYMENT

Camp: \$150

Early Arrival: \_\_\_\_\_ *Circle all that apply: Monday / Tuesday / Wednesday / Thursday / Friday (\$10/day)*

Late Departure: \_\_\_\_\_ *Circle all that apply: Monday / Tuesday / Wednesday / Thursday / Friday (\$7/day)*

**Total Enclosed:** \_\_\_\_\_

I give my camper permission to participate in the "So You Want to Be A CSI?" camp at Geneva College. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I give my permission for my camper to be treated by a physician and/or hospital should immediate attention be deemed necessary and recognize that any fees incurred will be my responsibility. I hereby waive and release Geneva College and Laura Pettler and Associates or any staff members of any liability for injury or illness sustained while participating in this camp. I also understand that the Camp retains the right to use for publicity and advertising purposes photographs of campers taken during the camp.

Name of Parent or Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (required) \_\_\_\_\_