



SUMMER CAMP REGISTRATION FORM (must have current Student Reg Packet on file)

Child's Name _____ Date of Birth _____ Sex _____

Address _____

Allergies/ Chronic Physical Problems/Pertinent Development Information/ Special Needs Accommodations

PARENTS/GUARDIANS

Father 's Name _____ Cell phone _____

Business Phone _____ Email: _____

Mother 's Name _____ Cell phone _____

Business Phone _____ Email: _____

STUDENT EMERGENCY MEDICAL AUTHORIZATION & CONTACT FORM

Insurance Company _____

Medical Number _____

Allergies, Medications/Dosages & Actions to be taken in case of emergency (other forms required)

Physician's Name _____ Phone: _____

Address _____

Emergency Contacts: **People to be contacted when parents cannot be reached & authorized to pick up with proper identification. MUST PROVIDE TWO w/ADDRESS & PHONE #**

Name: _____ Relationship _____

Address: _____

Phone: _____ Work Phone: _____

Name: _____ Relationship _____

Address: _____

Phone: _____ Work Phone: _____

STUDENT SWIM WAIVER & INFORMATION

I understand that lifeguards are being trained and nationally certified and have obtained CPR & First Aid Certifications as well as all background checks. I understand that supervision while in the pool exceed licensing standards for the safety of the students. In consideration of the time, training and facilities being made available to my child, I understand and agree that Dawning Point Learning Center shall not be made liable to me or to my child for any claims, actions, suits or harm that may arise out of or be in any way related to my child's participation in the recreational swim/summer camp program.

Current swim level (mark one): _____ Non-swimmer _____ Beginner _____ Advanced

Parent Signature: _____ Date: _____