

# Concordia Christian Academy Summer Camps

2021-2022

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

Grade attended year 2021-2022: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

(over)

## REQUIRES PARENT'S SIGNATURE

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **Concordia Christian Academy** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

## PARENT STATEMENT

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Concordia Christian Academy (CCA)**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **CCA, its employees, and its staff** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **CCA**, including any event sponsored or sanctioned by **CCA** and or travel to and from such activities.

I understand that **CCA** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **CCA** or its scheduled program and that **CCA** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_