

## **OVST Summer Camp Registration:**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade for 2009-2010 school year: \_\_\_\_\_

### **Parental Information:**

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Second Parents/Guardian information if applicable:**

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **List two people that may be contacted in case of an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list any persons not already listed as a parent/guardian or emergency contact that can pick your child up from camp.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Does student have any allergies? \_\_\_\_\_

Are there any special treatments or precautions we need to be aware of for these allergies?

\_\_\_\_\_

**Please list and describe below any of the following that student takes:**

Medications: \_\_\_\_\_

Modified Diets: \_\_\_\_\_

Fluoride Supplements: \_\_\_\_\_

Food Supplements: \_\_\_\_\_

Does the student react to any medications? If so, what? \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

**WAIVER AND RELEASE**

*In consideration of OVST granting me permission to engage in the listed activity, the undersigned does hereby waive, release, save and hold harmless and indemnify OVST, its employees, agents and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of OVST, its employees, agents and independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about ARTS/WEST and off-site activities properties, both real and personal and waives any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrator.*

My child has received a medical checkup from my family doctor and is physically released to participate.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Signature (Parent or Guardian if under 18): \_\_\_\_\_ date: \_\_\_\_\_