

Membership - \$25
Weekly Program- \$65

For office use only
Registration Date ___/___/18

Shirt Size : YS, YM, YL
AS, AM, AL

Summer Camp Registration

Monday - Friday
7:30 a.m. - 5:30 p.m.

Name: _____ Age: _____ (Male/Female)

Address _____ City _____ Zip Code _____

Parent/Guardian: _____ Phone : _____

In case of an emergency whom should we contact if the parent cannot be reached.

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

Medical Information

State any Physical or Medical conditions or disabilities your child may have that may keep him/her from participating in certain activities.

List Any Medications your child takes daily that staff should know about.

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician: _____ Phone: _____

Hospital Preference: _____

All participants will receive a daily nutritional breakfast and lunch will be provided by VISD.