

# EDGEWOOD ISD SUMMER STEAM ACTIVITY CAMP

## REGISTRATION FORM

Who: Incoming 2018-2019 Kindergartners - Fifth Graders

When: June 4-6, 2018

Where: Edgewood Middle School Library

Time: 11:30 PM - 2 PM

Cost: \$35 per child

Payment MUST accompany Registration Form...Please make checks payable to Edgewood ISD

Space is limited: 30 spots for incoming K-2 and 30 spots for incoming 3-5

To reserve a spot for your child, form **and** money must be returned to his/her teacher.

Snacks **will** be provided but the District will **not** provide transportation or lunch.

*Campers attending the Boys Basketball Camp should bring a sack lunch.*

*We will have adults walk campers from the High School Gym to Middle School after basketball camp and vice versa for those attending the EHS Doghouse Theater Camp.*

### Camper and Family Contact Information

Camper's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Name camper prefers to be called \_\_\_\_\_ Incoming Grade Level 18-19: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL

Mailing Address \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Check if applicable:  Attending Boys Basketball Camp  Attending EHS Doghouse Theater Camp

### Emergency Contact Information

(Please provide one additional person, other than parent/guardian)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Home Phone Number \_\_\_\_\_ Contact Work Phone Number \_\_\_\_\_

### Safety Information

(Please list all known conditions so we can accommodate your camper's needs.)

Does your camper have any medical conditions, allergies, or special needs the staff should be informed about? If so, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_

Does your camper have any food allergies the staff should be informed about? If so, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_

### Liability Waiver

I, as a parent or guardian, agree to allow the above child to participate in the Edgewood ISD STEAM camp. I understand that injuries at times occur. I agree to release the camp and/or its designated representative from any liability or responsibility in the event of any injury that occurs while participating in the camp.

Parent/Guardian Signature: \_\_\_\_\_

### OFFICE USE ONLY

DATE REC'D \_\_\_\_\_

AMT PAID \_\_\_\_\_

CASH/CK # \_\_\_\_\_