

# Oconee County High School Technology Student Association

## 2019 Summer Day Camp Registration Form

**Please Print Clearly**

Participant's Name \_\_\_\_\_

Grade completed this year \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

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

Parent E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

***Person responsible for paying Summer Day Camp fees*** \_\_\_\_\_

Address – *if different from child* \_\_\_\_\_  
Street City State Zip Code

**Shirt Size – Circle one:**

**Youth:** X-Small Small Medium Large

**Adult:** Small Medium Large X-Large

***Please check the week and session that the student is registering for. Each camp is \$150 per week***

- Week (June 10-14).....Session (9am-12pm CAD Camp)
- Week (June 10-14).....Session 2 (1pm – 4pm Robotics)
- Week (June 10-14).....Session (1pm -4pm CAD Camp) *if morning camp fills up.*

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

Date \_\_\_\_\_

***\*\*Please make all checks payable to Oconee County High School. You may either mail checks to school or drop off at front office with attention to Bradley Sayers\*\****

**Medical Information Form**

Participant's Name \_\_\_\_\_

Is the participant covered under your health insurance plan?    Yes    No

Medical Insurance Company: \_\_\_\_\_  
Phone \_\_\_\_\_  
\_\_\_\_\_ *required*

Physician's Name:

Hospital Preference:

List any known allergies:  
\_\_\_\_\_

List any current medications:  
\_\_\_\_\_

List any current injuries/illnesses:  
\_\_\_\_\_

List any recent hospitalizations (within the past 6 months):  
\_\_\_\_\_

**Please indicate whether your child has any of the following conditions:**

- |  |  |                  |
|--|--|------------------|
| Allergies- Nuts or Tree Nuts.....      | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Autism/Spectrum Disorder.....          | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Attention Deficient/Hyperactivity..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Behavior Disorder.....                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Cerebral Palsy.....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Cystic Fibrosis.....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Developmental Delay.....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Emotional Disturbance.....             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Epilepsy/Seizure Disorder.....         | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Hearing Impairment.....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Learning Disability.....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |
| Intellectual Disability.....           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |

- Mobility Limitation.....  Yes  No      If yes, explain:
- Motor Learning Disability.....  Yes  No      If yes, explain:
- Speech Impairment.....  Yes  No      If yes, explain:
- Spinal Bifida.....  Yes  No      If yes, explain:
- Traumatic Brain Injury.....  Yes  No      If yes, explain:
- Vision Impairment.....  Yes  No      If yes, explain:

Please note if your child has a condition not listed above and specify any special care needed for your child:

***Use a separate sheet if needed***

**Authorized Pick-up of Participant – 100% ID**

- Please list anyone **including** yourself, the parent/guardian, who is **authorized** to pick up your child from Summer Day Camp at any time.
- Please note that individuals not listed on this form will not be allowed to pick your child up from our program without written consent from the parent/guardian.
- We require individuals authorized to pick up a child to provide photo identification. Individuals without photo identification will not be allowed to pick up participants.

**Authorized List**

Name	Relationship	Phone Number

**Not Authorized to Pick-up Participant**

- Please list anyone who is **not allowed** to pick up your child.
- Individuals on this list can only be removed by written consent from the parent/guardian who enrolled the participant in the Summer Day Camp program.

**Not Authorized List**

Name	Comments/Relationship	Phone Number

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

Date \_\_\_\_\_

