**Oconee County High School Technology Student Association**

**2018 Summer Day Camp Registration Form**

# *Please Print Clearly*

Participant’s Name

Grade completed this year

Date of Birth / / Age Sex School

Addr

ess

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 1 (June 4-8)…..Session 1 (9am-12pm CAD Camp)
* Week 1 (June 4-8)…...Session 2 (1pm – 4pm Robotics)
* Week 2 (June 11-15)….Session 1 (9am -12pm CAD Camp)
* Week 2 (June 11 – 15)…Session 2 (1pm- 4pm Robotics)
 |

**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…………  Yes  No If yes, explain:

Autism/Spectrum Disorder………………..  Yes  No If yes, explain:

Attention Deficient/Hyperactivity…....  Yes  No If yes, explain:

Behavior Disorder……………………………..  Yes  No If yes, explain:

Cerebral Palsy……………………………………  Yes  No If yes, explain:

Cystic Fibrosis……………………………………  Yes  No If yes, explain:

Developmental Delay………………………..  Yes  No If yes, explain:

Emotional Disturbance……………………..  Yes  No If yes, explain:

Epilepsy/Seizure Disorder…………………  Yes  No If yes, explain:

Hearing Impairment…………………………  Yes  No If yes, explain:

Learning Disability……………………………  Yes  No If yes, explain:

Intellectual Disability…………………….…  Yes  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**