

philoMAKER Summer Camp Registration Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Grade _____ School _____
Emergency Contact _____ Emergency Contact Number _____
Emergency Contact _____ Emergency Contact Number _____

CAMP INFORMATION

Renewable Energy Robotics and Electronics Mobile App Development
T-Shirt Size: Small Medium Large X-Large

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
Phone number _____ Work number _____ Cell number _____

COST

Registration Cost: \$60.00 (non-refundable after March 15th 2015)

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence and will only be used to make special accommodations.

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any dietary restrictions? Yes No

If yes, please list foods that are not permitted.

May we serve your child food and beverages: Yes No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

Medications (including Inhalers): Yes No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

(Print child's name)

INDIVIDUAL CONTRACT

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend The Immersive Learning Project (TILP) and the officers, employees, volunteers and agents of TILP from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the The Immersive Learning Project of liability for any claims that may arise out of activity. The The Immersive Learning Project also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of the The Immersive Learning Project. I hereby grant permission to the The Immersive Learning Project to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

Signature of Parent/Guardian of Minor

Date

Participant's name

FOR OFFICIAL USE ONLY

PROOF OF AGE: Yes No **Type of proof:** ID Card Birth Certificate Other: _____ **Staff Initials:** _____

PAID CAMP FEE: Yes No **Type of payment:** Cash Check **Staff Initials:** _____