



Bill & Rita Ament's Summer Creative Arts Day Camp 2009

REGISTRATION (Page 1)

(This form – FRONT & BACK – is required for your child to start camp on the first day.
Please print clearly, sign and date the form. Please send it to: P.O. Box 636, Friday Harbor, WA 98250.
We will not accept forms the first day of camp. Thank you.)

CHILD'S NAME: _____ T-Shirt Size _____

AGE: _____ CAMP: _____ DATES: _____ Expert Swimmer: Yes or No (circle one)

PARENT'S NAME: _____

PARENT'S MAILING ADDRESS: _____

PARENT'S PHYSICAL ADDRESS: _____

PARENT'S PHONE: H: _____ W: _____ CELL: _____

GUARDIAN'S NAME: _____

GUARDIAN'S MAILING ADDRESS: _____

GUARDIAN'S PHYSICAL ADDRESS: _____

GUARDIAN'S PHONE: H: _____ W: _____ CELL: _____

PARENT/GUARDIAN'S E-MAIL ADDRESS: _____

TWO (2) RELATIVES OR FRIENDS WHO WILL BE RESPONSIBLE FOR YOUR CHILD, IF YOU CANNOT BE REACHED,
FOR ANY REASON:

NAME: _____ PHONE: H: _____ W: _____

NAME: _____ PHONE: H: _____ W: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

MEDICAL INFORMATION (Medications/Allergies/Special Needs):

ANY OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD, PLEASE WRITE BELOW
AND ON THE BACK (Kept Confidential).

(Please Complete Both Pages – Page 1 & 2)



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LIABILITY WAIVER (Page 2)

We realize insurance coverage is not provided to the participant, and we will assume all financial responsibility for any cost relating to any accident or injury that might occur while participating in BILL & RITA AMENT'S SUMMER CREATIVE ARTS DAY CAMP. I will not hold Bill Ament or Rita Ament, the employees of Bill & Rita Ament's Summer Creative Arts Day Camp Programs, San Juan County, San Juan Parks & Recreation, Lakedale Campgrounds, its employees and/or volunteers or anyone otherwise involved in named programs, responsible for any accident that might occur.

SIGNATURE/S REQUIRED

_____	_____	_____
MOTHER (PRINT)	MOTHER (SIGN)	DATE
_____	_____	_____
FATHER (PRINT)	FATHER (SIGN)	DATE
_____	_____	_____
GUARDIAN (PRINT)	GUARDIAN (SIGN)	DATE

CONSENT TO EMERGENCY MEDICAL CARE & TREATMENT

I hereby give my permission that my child,

CHILD'S NAME
may be given emergency treatment to include First Aid and CPR.

I further authorize and consent to "any necessary emergency medical care to be provided by a licensed practitioner" and to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician (or other licensed physician if necessary) or hospital when deemed necessary or advisable by the physician to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(Please Complete Both Pages – Page 1 & 2)