



**Bill and Rita Ament's
Summer Creative Arts Day Camps
2017**

REGISTRATION (Page 1)

This form - FRONT & BACK - is required for your child to start camp on the first day. Please print clearly, sign, date and return to: Ament Summer Day Camps, P.O. Box 636, Friday Harbor, WA 98250. Forms must be sent before the start of camp. We will not accept forms the first day of camp. Thank you.

CHILD'S NAME: _____ AGE: _____ BIRTH DATE: _____

T-SHIRT SIZE: _____ CAMP: _____ DATE: _____

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 EMAIL ADDRESS: _____

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

NAME: _____ H: _____ W: _____ CELL: _____

NAME: _____ H: _____ W: _____ CELL: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

MEDICAL INFORMATION: (Medications, Allergies, Special Needs): _____

(Please Complete Both Pages 1 & 2 of this form prior to sending)



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ANY OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:

(Continue on back if necessary. All information is kept confidential.)

LIABILITY WAIVER

I/We realize that insurance coverage is not provided to the participant and I/we will assume all financial responsibility for any cost relating to any accident or injury that may occur while participating in BILL & RITA AMENT'S SUMMER CREATIVE ARTS DAY CAMP/S. I/We will not hold Bill or Rita Ament, Bill and Rita Ament's Summer Creative Arts Day Camps, Dance Workshop 2, Friday Harbor Masonic Lodge, San Juan County, the United States of America Department of Interior, San Juan Island National Historical Park, San Juan Island Parks & Recreation, any employees, volunteers, owners or anyone otherwise involved in named organizations or programs, responsible for any injuries, accidents or death that may occur.

SIGNATURES REQUIRED

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

I/We 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 (Page 1) (or other licensed physician, if necessary) or hospital when deemed necessary or advisable by the physician to safeguard my child's health, and cannot be contacted. I waive my right of informed consent to such treatment.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(Please Complete Both Sides (Page 1/2 Before Sending))