

Summer Camp

WALK IN Registration

Student Name: _____

Age: _____ Birthdate: _____

Rising Grade for 2009 Fall School Year: _____

Parent/Guardian information:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact (other than parent/guardian above):

Name: _____

Address: _____

Phone Contact(s): _____

Affiliation/Relationship to Camper: _____

CHECKLIST:

- _____ Complete this form
- _____ Read and Sign Highland Summer Camp Handbook
- _____ Complete and Signed Medical History Form
- _____ Complete and total Camp Registration Choices

Please make Checks payable to:
Highland School



Highland School

597 Broadview Avenue
Warrenton, VA 20186
(540) 878-2700

2009 Medical Waiver/Emergency Form

Camper's Name: _____ Nickname: _____
Male Female Date of Birth: _____ Parent/Guardian Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Cell/Work: _____
E-Mail: _____

In case of emergency when parent/guardian cannot be reached, please call (list two choices):

Name#1 : _____
Physical Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____ Relationship to camper: _____

Name#2 : _____
Physical Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____ Relationship to camper: _____

List any others authorized to pick up your child: _____

Any known allergies? _____

Current medications: _____

Significant past illness or injury: _____

Comments or concerns: _____

PARENTAL AUTHORIZATION, CONSENT AND LIMITATION OF LIABILITY:

I grant permission for the above-named camper to participate in all activities of Highland School Summer Camp. I assume all risks, hazards and costs incidental to such participation including transportation to and from Highland School Summer Camp. I understand that Highland School Summer Camp and its administration, staff and employees will not be held liable for any injury, damage or loss suffered during camp. I authorize Highland School Summer Camp to employ medical assistance for my child in the event that he/she suffers illness or accident while at Highland School Summer Camp. I agree that Highland School Summer Camp shall exercise complete discretion in the choice of physician or medical personnel for my child. Highland School Summer Camp may act independently of me should immediate action be deemed necessary for the safety and well-being of my child. I also grant Highland School Summer Camp permission to use any photographs of my child taken during the summer programs for promotional purposes. Highland School reserves the right to withdraw any camp for any reason. I have received, read and agree to the policies set forth in the Summer Camp Handbook.

Signature of Parent/Guardian: _____ **Date:** _____