

# Summer Camp Registration for 2023

**Please include \$50 Registration Fee with form**

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Current School: \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Best Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical alert information: (food allergies, medical or health conditions): \_\_\_\_\_

If my child becomes ill or injured at HTLS, or while participating in a school-sponsored activity, I understand that HTLS will: (1) Contact me immediately; OR (2) Contact the emergency contact if I cannot be reached. Should HTLS be unable to reach me or the emergency contact, HTLS is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility is authorized to administer the emergency treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for the cost of medical treatment obtained under this authorization.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Please check weeks of enrollment and indicate if you need Morning and/or After Care*

<b>Week</b>	<b>Date</b>	<b>Summer Camp 9 am-3 pm</b>	<b>Check for Morning Care 8-9 am</b>	<b>Check for After Care 3-5 pm</b>	<b>Payment Received (office use)</b>
1	June 5-9				
2	June 12-16				
3	June 19-23	<i>See enclosed brochure for this week's registration</i>			
4	June 26-30				
5	July 5-7 <i>(no camp July 3-4)</i>				
6	July 10-14				
7	July 17-21				