



# 2017 Summer Camp Enrollment Form

I, the undersigned parent or legal guardian, hereby grant my child,

\_\_\_\_\_, with a date of birth of \_\_\_\_\_ permission to  
Please print your child's full name Month/Day/Year

participate in the 2017 Gritty Girl Summer Camp program from June 12th through June 16th, and from June 19th through June 23rd, 2017, and affirm that the information provided below is true and correct.

\_\_\_\_\_  
Parent/Guardian Signature Please Print Parent Name(s) Date

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### In case of Emergency we can reach you at the following phone numbers:

Home: \_\_\_\_\_ Mom Work: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Work: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Other: \_\_\_\_\_

In the event you cannot be reached, please provide the Name and phone number of another contact person.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Health and Insurance Information

Please list any medications your child will need to take during camp hours: \_\_\_\_\_

Please list any allergies or other health or mental health conditions that may affect your child's participation and/or performance:  
\_\_\_\_\_  
\_\_\_\_\_

Please check one:

The following Health Insurance Policy covers my child:

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance Company Contact Number: \_\_\_\_\_

My child is not covered by health insurance. I agree to assume all financial obligation and liability in the event my daughter needs medical care during her participation in the 2017 Gritty Girl Summer Camp during the period above mentioned.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_