

# Amplify Summer Camp 2024

## Registration Form

**Student Name** \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ t-shirt size (adult) \_\_\_\_\_  
Student's Cell *if available* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

**Please print Email carefully. This is required for consent form email.**

**Emergency Contact Name** *if parent is not available* \_\_\_\_\_  
Emergency Contact number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Is there anyone your child should NOT be released to?  Yes  No  
If yes, Name(s) \_\_\_\_\_

Chronic/Recurring Conditions: \_\_\_\_\_

Are activities restricted:  Yes  No If yes, please explain: \_\_\_\_\_

### ALLERGIES/ MEDICINE:

Do you have any dietary restrictions that require an individual mean?

Dairy  Gluten  Peanut  None

Other allergies: \_\_\_\_\_

My camper may be given Tylenol:  Yes  No

My camper may be given Benadryl:  Yes  No

My camper may be given Ibuprofen:  Yes  No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes.

Yes  No List Exceptions: \_\_\_\_\_

I, \_\_\_\_\_ (*parent or legal guardian printed name*), agree to release Grace Church, its directors, employees, and agents, for any and all liability sustained during the Amplify Summer Camp, June 30<sup>th</sup> – July 3<sup>rd</sup>, and during travel to and from the event. I hereby give permission for my child to participate fully in the said youth camp and all activities. I hereby give permission for my child to be taken to a doctor or medical facility and authorize medical treatment if necessary. I understand that deposits and payments are not refundable.

\_\_\_\_\_  
(Parent or Guardian's signature)