THE HIDE OUT REGISTRATION **D.O.E. _____**
SUMMER CAMP 2021

Family Information

Child Name _____ D.O.B. _____
Address _____ Age ____ Yrs ____ Months
_____ Grade _____as of Sept 2021

Mother Name _____ Employer _____
Address _____ Address _____
_____ _____
Phone _____ Phone _____
Email _____ Cell _____

Father Name _____ Employer _____
Address _____ Address _____
_____ _____
Phone _____ Phone _____
Email _____ Cell _____

SESSIONS: 1.____ 2.____ 3.____ 4.____ 5.____ 6.____ 7.____ 8.____

Please check your time selection

6:30-12:30____ 6:30-4:30____ 6:30-6:30____ 8:30-12:30____
12:30-6:30____ 8:30-4:30____ 8:30-6:30____ 12:30-4:30____

Emergency / Medical Information

Emergency/Alternate Pick Up: The following listed people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time.

	(Name)	(Relationship to Child)	(Phone #'s)
1.	_____	_____	_____
2.	_____	_____	_____

Physician: Name _____ Phone #_____
Insurance: Carrier _____ Policy #_____
Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____. I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____