

Foxfire Summer Camp Registration Form 2018

Child

First _____ Middle _____ Last _____
Camper T-Shirt Size (Adult Sizes Only) _____
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u> Yes/No
_____	_____	_____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Photo Release I hereby give permission for my child to be photographed during the Foxfire summer camp. I understand the photos will be used as demonstration of camp activities at the Foxfire Museum and Heritage Center. I understand that although my child's photograph may be used for advertising, his/her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Foxfire Fund, Inc.

Parent's/Guardian's Signature _____

Please mail registration form and check of \$200 to:

The Foxfire Fund, Inc.
P.O. Box 541
Mountain City, GA 30562 USA