

**Child #1**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_ Female \_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

**Child #2**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_ Female \_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_

\_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

Person responsible for payment

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

**Emergency Contact #2**

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: *Sun Oaks will not allow a child to be picked up without an I.D.*

1: \_\_\_\_\_ 2: \_\_\_\_\_  
3: \_\_\_\_\_

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

<u>Medical Problem</u> <u>paramedic by called?</u>	<u>Required Treatment</u>	<u>Should</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain:



**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of medical attention and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Sun Oaks Tennis and Fitness will not be responsible

for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Parent's/Guardian's Initials

**Electronics:** This is an electronics free camp. Kids will be engaged in activities all week and will not have time for electronics. Sun Oaks Tennis and Fitness is not responsible for any lost toys/electronics.

**Auto Pay:** Members are required to have a current credit card on file. Placing a current card on file allows your child to make purchases that may be deemed necessary for them during the day.

**Tax information:** Record keeping of the fees paid is the responsibility of the parent, please keep your receipts. The only information we can provide is our Tax I.D. number: 35-2570085

**Payment and Schedule Changes:** Camp operates on a first come first served basis. Payment is due at the time of registration. All schedule changes/cancellations must be made 2 days in advance. No refunds will be given after the date your camper was registered. There will be no makeup days for missed days.

**Sick Policy:** Health issues are a concern for everyone. Sun Oaks Summer Camp relies on each family's thoughtful assessment of his/her camper's health. If a camper is sick, he/she should remain home until fever or illness has been gone for at least 24 hours. Parents will be notified if their camper seems ill or becomes ill. Parents will be asked to take their camper home.

**Behavioral Policy:** To maintain a safe and fun program for everyone we will occasionally ask children to take a "time out". Campers will always be given an option to come out of time out when they are ready to have fun and safely participate. Should inappropriate behavior continue campers will be sent to the front office and a parent will be notified. Campers can be asked to leave for the rest of the day if the situation is deemed necessary.

**Sun Oaks Summer Camp Info Page:** I have read the page that includes activities, lunch, attire requirements and other useful information pertaining to camp. Sun Oaks Tennis and Fitness and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I hereby grant Sun oaks Tennis and Fitness permission to use my child's likeness in a photograph, video or other digital media in any and all of its publications without payment or other consideration.

Printed name of Guardian:

\_\_\_\_\_

Guardian Signature:

\_\_\_\_\_

Date:

**Sun Oaks Summer Camp Registration Form**

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