

Child Registration Form

**Please print and complete this form in advance of Camp Day. One form per child.
Bring this completed form with you to the Event Registration Desk.**

Camper Information

Child's Name: _____
First Middle Last

Child's Address: _____
Number and Street City State Zip

Child's Birth Date (mm/dd/yyyy): _____ Age: _____ Boy or Girl (circle)

Please list all allergies, special medical or dietary needs and any other concerns:

Parent Information

Mother's Name: _____ Father's Name: _____
First Last First Last

Address: _____ Address: _____

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Photo, Video and Audio Release:

I give Conscious Discipline permission to photograph me and/or my child and use said photographs for marketing purposes without name recognition or compensation of any kind.

Medical Information in case of an emergency:

I hereby grant permission for Conscious Discipline staff to contact 911 Emergency services to obtain emergency medical care if warranted.

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name Relationship Work Phone Home/Cell Phone

Name Relationship Work Phone Home/Cell Phone

Parent Signature: _____ **Date:** _____