



THE FOUNDRY K-5 SUMMER CAMP ENROLLMENT

MONDAY – FRIDAY • JULY 10-21, 2023 • 8:30 A.M. – 2:30 P.M. • MUST REGISTER BY JUNE 30

STUDENT DEMOGRAPHIC INFORMATION

Today's Date _____

Name _____
Last First Middle

Nickname _____ Birthdate _____ / _____ / _____ Age _____ Grade _____
Month Day Year

T-Shirt Size (check one) Youth S Youth M Youth L Adult S Adult M Adult L

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 (*Household in which the child resides*)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____ Work Phone _____

PARENT/GUARDIAN #2

Name _____ Relationship _____

Street Address (*if different from child*) _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____ Work Phone _____

MEDICAL, ALLERGY, DIET OR RESTRICTIONS INFORMATION

Please complete the following. Do not leave any questions blank. If you have no preferred doctor or hospital, please circle "NONE."

List any allergies to food, animals, or other substances your child has.

List any dietary restrictions your child has. If your child has dietary restrictions, we will need a doctor's note outlining the condition, the restriction, and any dietary substitutions.

List any medications your child uses. (If your child will need to take medication while at The Foundry, you will need to fill out a permission form allowing us to dispense the medication.)

List any medical conditions _____

Insurance Company _____ Subscriber's Name _____

Insurance or Medical Card ID # _____ Group # _____

Doctor's Name _____ Phone Number _____ or NONE

Dentist's Name _____ Phone Number _____ or NONE

Preferred Hospital _____ or NONE

EMERGENCY CONTACTS & SIGN-IN/SIGN-OUT RELEASE FORM

In case of an accident, or emergency, of any kind, and the circumstances require a parent/guardian to pick up my child, or in a circumstance when I cannot otherwise pick up my child from The Foundry (or I cannot be reached), please call and/or release my child to one of the persons listed below.

Please note that **ONLY** the persons listed below will be allowed to pick up your child. You can add or make changes to the list at any time.

Name	Relationship	Phone Number

EMERGENCY MEDICAL AUTHORIZATION AND RELEASE

As the parent or legal guardian of _____, (*child's name*) I hereby authorize The Foundry, into whose care the above-named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care to be rendered to said minor under general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act; or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor, by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes The Foundry to have the above-named minor released into the custody of its representative, should hospital care no longer be required. This medical authorization is to be used only in an extreme emergency, when said parents, or guardians, cannot be or are unavailable to be contacted.

I hereby release the director and staff of this event from all responsibility for sickness or accidents, which occur during the event. The undersigned hereby authorize The Foundry, its agents and/or employees, to photograph and/or film me and/or my child, and consent to the use of my and/or child's likeness in any and all publications and/or materials, including, but not limited to, advertising, new media, video and website materials. I further release the Bowling Green District of the UMC and the Foundry from and waive any rights that I and/or my child might have to any revenue payment or fee for said photography and /or film.

I confirm that the information provided on my child and family is accurate at the time of completing the enrollment form. I understand that it is my responsibility to alert and provide accurate information to the program should information change.

Parent Name (printed)

Parent Signature

Date