

**VISUAL ADJECTIVES
SEEDS OF CREATIVITY
2022 SUMMER CAMP REGISTRATION FORM**

CAMPER NAME: _____

LOCATION: _____

CHILD

First _____ Middle _____ Last _____ Gender: Male __ Female __

School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 1, 2022) _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

PARENT/GUARDIAN - CONTACT INFORMATION

Parent/Guardian #1

Ms. Mrs. Mr. Other _____ First _____ Last _____

Street Address (check if same as above) _____

Town/City _____ State _____ ZipCode _____ HomePhone _____ WorkPhone _____

Cell Phone _____ Fax _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

Ms. Mrs. Mr. Other _____ First _____ Last _____

Street Address (check if same as above) _____

Town/City _____ State _____ ZipCode _____ HomePhone _____ WorkPhone _____

Cell Phone _____ Fax _____ E-mail _____

Occupation _____ Employer _____

Child lives with: Both Parents | One Parent: _____ | Grandparents | Guardian | Other: _____

Person responsible for payments: _____

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE (NAME MUST MATCH ID. NO NICKNAMES)

Emergency Contact #1

First Name _____ Last Name _____ HomePhone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ HomePhone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list additional people 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).

Medical Problem

Required Treatment

Should paramedic be called?

_____ Yes/No

_____ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes __ No __ If yes, explain: _____

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

Yes __ No __ If yes, explain: _____

Does your child require a special diet?

Yes __ No __ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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	LOCATION: _____

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. 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 _____

I understand that Visual Adjectives or its SEEDS of Creativity Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

CAMP/TUITION INFORMATION

One-time \$25 non-refundable fee is required at the time of registration.

Cost is \$145 per week, per student. *(Please ignore this cost if you have been awarded a full scholarship.)*

Discounts available for multiple children and/or county employees. Extended care available.

Parents agree to pay camp fees on the Friday prior to child care and understand that a \$5 late fee will be added daily for fees later than Monday.

Parents can pay additional weeks of tuition in advance without penalty and at a discount.

Please circle how you heard about Visual Adjectives SEEDS of Creativity Camp.

Website School/After School Program _____ Word of Mouth Print Material Other _____

TERMS OF AGREEMENT

Photo Release: I hereby give permission for my child to be photographed during the Visual Adjectives SEEDS of Creativity Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including marketing, brochures, newspapers, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of Visual Adjectives and its affiliates.

Parent's/Guardian's Initials _____

TRANSPORTATION RELEASE

I hereby give permission for the transportation of my child for official Visual Adjectives SEEDS of Creativity Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Visual Adjectives SEEDS of Creativity Camp 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. Children's' photos and quotes may be used for publicity purposes. 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).

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

VISUAL ADJECTIVES STAFF ONLY				T-Shirt Size (Circle One) Adult: S M L
DATE	AMOUNT PAID	PAYMENT TYPE	BALANCE	

CHECKS MADE PAYABLE TO: VISUAL ADJECTIVES