

KIDSHINE DAY CAMP REGISTRATION

NOTE: If child is on medication, has allergies or other special needs, please check box beside name and explain on bottom of form.

Name(s): _____ Age _____ Boy / Girl
 _____ Age _____ Boy / Girl
 _____ Age _____ Boy / Girl

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail address _____

Emergency contact (name / relationship / phone #): _____

RELEASE: I hereby release and agree to hold harmless KidShine and designated leaders from all liability for damage, illness or injury. In case of emergency involving injury or illness, I give permission to order medical treatment. I also grant permission for use of my child's photograph in day camp pictures which may be included in publicity materials produced by KidShine.

SIGNATURE _____ DATE _____

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