



## 2017 Summer Program Registration Form

Child's Name	Age & Grade	Summer Program Title	Date & Time	Cost

Parent/Guardian Name: \_\_\_\_\_

Hands On! Member?:  No  Yes (if yes, skip 2 lines and begin at email address)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Best Phone: \_\_\_\_\_ How did you hear about our summer classes?: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Any known medical conditions and/or allergies that we should be aware of?  Yes  No

If so, please explain below:

\_\_\_\_\_

**\*\*\*If the emergency contact is not available, I give permission to Hands On! staff to secure any necessary medical treatment for my child by signing below.**

**Photo/Video Release Statement:**

I, the undersigned, hereby grant Hands On!- A Child's Gallery the unconditional right to use my likeness (or that of my child's) for the purpose of promotion, awareness, and fundraising for Hands On!. I hereby waive the right to any compensation and release Hands On! from any liability associated with such lawful use of my likeness or my child's likeness.

Guardian's Printed Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For Staff Use Only:</b>    Received Camp Policies Sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>                                 Paid in full? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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