

SPY CAMP REGISTRATION FORM

Please send completed form to spycampbyteens@gmail.com or give a hard copy to one of our camp counselors

Name of Camper: _____

Age: _____ Grade: _____

T-shirt size (circle): Child sizes—Small Medium Large Other: _____

Email of parent/guardian: _____

Allergies/Special Needs: _____

Payment Method (circle): Cash Check Other: _____

Checks can be made out to Gretchen Barnes

Thank you for joining Spy Camp! We will let you know when your child is on our camper list and we look forward to seeing you this summer! ☺

-Spy Camp Counselors

-Samantha Rowley (President, Secretary, and Counselor)

-Avery Barnes (Vice President, Treasurer, and Counselor)

_____ Date: _____

(Signature of Parent or Guardian)

SPY CAMP MEDIA RELEASE FORM

My child has permission to be photographed by Spy Camp and put on the following Spy Camp websites:

(Please initial next to all that apply)

_____ Spy Camp Facebook Page (<https://www.facebook.com/pmaCypS>)

_____ Spy Camp (<http://spycamp.weebly.com>)

_____ None of the above

_____ Date: _____

(Signature of Parent or Guardian)

SPY CAMP INFORMATION AND RELEASE FORM

Name of Camper: _____ Date of Birth: ____/____/____

Address: _____

PARENT OR GUARDIAN INFORMATION:

Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

ALTERNATIVE EMERGENCY CONTACT INFORMATION: (Different from above.)

Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Who is authorized to pick up your child?

List any restrictions on activities that your child may participate in?

My child has permission to participate in Spy Camp for Kids. I certify that my child is in good health. Except only as noted above in this form I hereby consent to my child participating in all camp activities, which may include running, sports, gymnastics, swimming and other physical activities. I fully realize that injury or illness to my child could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by or on behalf of my child. I hereby release and hold harmless all persons associated with the camp, including without limitation camp counselors and their parents and camp hosts from all liability arising out of any accidents, injuries or illnesses sustained in connection with the camp or at the host location of the camp.

_____ Date: _____

(Signature of Parent or Guardian)