

**For Office Use Only:**

Weeks \_\_\_\_\_

Attending \_\_\_\_\_

**SOAR****CAMPER EMERGENCY FORM  
HANDBOOK AGREEMENT STATEMENT**

Camper <b>Last Name, First Name</b>		<b>Birthdate</b>		<b>SRCS Student? (Circle one)</b>		<b>GRADE COMPLETED:</b>		
1. _____		1. _____		1. YES or NO		1. _____		
2. _____		2. _____		2. YES or NO		2. _____		
3. _____		3. _____		3. YES or NO		3. _____		
Mother's Name				Father's Name				
Mother's Address (Check the box if your child lives at this address) <input type="checkbox"/>				Father's Address (Check the box if your child lives at this address) <input type="checkbox"/>				
Mother's Home Phone		Cell Phone		Father's Home Phone		Cell Phone		
Mother Employed at		Work Phone #		Father Employed at		Work Phone #		
Child will be transported to/from camp by:								
List below name(s) and relationship of person(s) you authorize to confer with or remove your child from camp. If you want someone not listed to confer with or remove your child from camp, you must notify the staff in person, by phone, or by notarized or witnessed letter signed by you. If by phone or letter, you must include your password.								
<b>PASSWORD:</b> _____								
Authorized to remove child from camp: Name(s)				Phone #				
Authorized to confer with child at camp: Name(s)								
In case of illness/accident, list a relative/neighbor to be called if you cannot be reached.								
Name:		Home Phone #:		Cell Phone #:				
Name:		Home Phone #:		Cell Phone #:				
<b>Medical Information</b>								
<b>Health problem(s)</b> (include allergic reactions/indicate child)				Child's Doctor		Doctor's phone #		
Warning signs when child is becoming ill				List any medication(s) to be taken by student at camp				
				Physician's Authorization Form is required.				
List any limitations on activities:								
I have been informed that in the event of a serious illness or accident, if the school is unable to contact the parent/guardian or person designated, arrangements will be made for immediate treatment and transportation, including ambulance or EMT. Payment of fees will be the responsibility of the parents/guardians.								
<b>I have read the Camper Handbook and agree to abide by the policies and procedures.</b>								
Signature (Mother/Guardian)			Date		Signature (Father/Guardian)			Date

**Immunization and physical exam forms, along with ORIGINAL Birth Certificate must be submitted at time of Registration for any campers who have not completed 1<sup>st</sup> grade by June 3, 2017, or who are coming into this State, regardless of age. Your child will NOT be admitted to camp without these documents.**