

Varsity Summer Academy Registration Form

Participant Information:

Last Name: _____ First Name: _____

Grade (Fall 19') _____ Age: _____ Date of Birth: __/__/__

Address: _____

City: _____ State: _____

Zip: _____

School: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____ Email: _____

Cell #: _____ Work#: _____ Home#: _____

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

Last Name: _____ First Name: _____ Email: _____

Cell #: _____ Work#: _____ Home#: _____

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

Other People Allowed for Child Pickup:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

*Are there any custody notes that the camp should be aware of:

Yes _____ No _____ Explain if Yes _____

Pickup Code Word: (select a code word to use at pickup to give anyone with authorization to pickup use the word at the time of pickup. If word is forgotten, we will require checking IDs:

Health Information:

Medications(including inhalers and epi-pens): Yes_____ No_____

*All Medications MUST be self-administered by the child with the guidance of a staff member. Medications will be held onto and stored in the appropriate setting by the camp.

Special Instructions:

Allergies: Yes_____ No_____

Special Instructions:

Child's Doctor:_____

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

Phone#:_____

Preferred Hospital:_____ *In event of an emergency preferred hospital will be taken into consideration, but not guaranteed.

Insurance Information:

Is the participant covered by family medical/ hospital insurance? Yes_____ No_____

Carrier or Plan Name:_____ Group#:_____

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

Name of Insured:_____ Relationship to participant:_____

All Personal and Medical Information is confidential and will remain on file for the sole purpose of camp use as needed.

Are there any other medical, physical, emotional conditions or disabilities that the camp should be aware of to better accommodate your child? (If Yes Explain) _____

Immunization Records:

You confirm your child has all required immunizations Yes____ No_____

Photo Consent:

Photos will be taken during the camp day to be posted on the Varsity Learning Academy Facebook Page so that you can see all the wonderful activities your children are doing during the day. Photos may also be used on the camp web page or for advertising purposes solely for Varsity Summer Academy, LLC. Please initial to show that you understand the photo consent policy. Parent/Guardian Initials: _____

Registration and Forms:

Send to info@varsitylearningacademy.com

I have fully read the contents of this registration form and have answered all questions honestly to the best of my ability. I hereby acknowledge that my registration fee for Varsity Summer Academy does not include or cover medical expenses for my child that may be as a result of my child's participation at VSA. I assume responsibility for my child's medical expenses. Rates will not be prorated for days of camp missed by any participant. No refunds of any kind will be granted after June 1st, 2019.

Signature of Parent/Guardian

Date --/--/--