

Summer Intersession Registration

Registration Deadline: June 3rd

1. Parents/Legal Guardians (AUTHORIZED TO PICK UP CHILD)

Father's name	HDL#	Work Phone	Home Phone
Mother's name	HDL#	Work Phone	Home Phone

3. Mailing Address _____
City _____ State _____ Zip _____

4. Medical Conditions/Allergies _____

5. Doctor's Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

6. Medical Insurance _____ Policy # _____

7. Authorized Pick-Up & Emergency People (Other than parents/legal guardians):

Name	Phone
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I hereby agree that, if The Studio staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of The Studio supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility.

I hereby give my child permission to attend and participate in the activities conducted by The Studio. These activities include aquatics, off-property excursions, van transportation, and enrichment activities.

Signature of Releasor _____ Date _____