

School Kids Connection Summer Camp Application

Please check one: LOCATION HOLCOMB VANDERGRIFF OWL CREEK

Childs Name _____ Age _____ Date of Birth _____

Address _____ Zip _____ Grade _____

School _____ Parents _____ Home Phone _____

Mother's Employer _____ Work # _____ Mobile # _____

Work Hours: _____ **EMAIL ADDRESS** _____

Father's Employer _____ Work # _____ Mobile # _____

Work Hours: _____ **EMAIL ADDRESS** _____

Medical Information

State Licensing requires this information

Family Dr. _____ Phone # _____ Address _____

SpecialNeeds/Medications/Allergies _____

Sign-Out Information

I authorize the below mentioned individuals the right to pick up my child from the School Kids Connection Program and so hereby remove all responsibility from SKC after the below mentioned individuals have signed out.

Name	Address & Telephone #	Relation to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parent Signature _____ **Date** _____

Consent for Emergency Medical Care

I _____ (parent/guardian) of _____ (child) do hereby request and give consent to the Donald W. Reynolds Boys and Girls Club, SKC program director, or a duly appointed representative, for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parent/guardian cannot be reached.

Parent/Guardian Signature

Witness

Date

I have received and read an SKC policy manual and I also acknowledge the individuals who sign my child/children into SKC (summer program) have the authority to permit my child/children to travel on the bus and to participate on fieldtrips.

Parent/Guardian Signature _____

Please feel free to supply additional information about your child _____

Is this child a swimmer? YES NO