

DAVIS SUMMER 2019 KINDERGARTEN CAMP

Monday, AUGUST 5th - Friday August 9th

Registration Form

Please return this completed form to the Davis office along with the \$165 registration fee.

Student's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Does your child have health related issues, allergies, or other physical conditions that may affect his/her safety while participating in the camp activities? NO YES If yes, please use the back of this page to describe.

Parent Name(s): _____

Home Phone: _____ Alternate Number: _____

Email: _____

Emergency Contact Person (besides parent): _____

Relationship to child: _____ Phone: _____

Family Doctor: _____ Phone: _____

Please list the names & phone numbers of people to whom your child can be released. Child will not be released to anyone not on this list.

I am the parent or legal guardian of _____. I give consent to my child's participation in the specified camp. I give permission to AISD employees who have care and control of my child during the camp to administer first aid to above named minor. In an emergency my child's parent(s) / legal guardian(s) or emergency contact can be reached at the numbers above. If we cannot be reached, I hereby authorize a physician selected by school personnel to provide the necessary medical treatment. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, AISD employees, Austin Independent School District, its trustees, officers, agents, employees, and other persons volunteering services, with or without charge, from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program.

Signature _____ Date _____