



WASATCH KIDS (CAMPS) OUT OF SCHOOL PROGRAMS

Registration & Medical Authorization

SCHOOL ATTENDING: _____ **DISTRICT** _____

PROGRAM(s) ATTENDING: Please Circle the Program(s) you plan on your child(ren) attending.
 Not all of these are offered at every school. If you are interested in us offering one at your school let us know.

After School Program

Friday Field Trips

School Break Program(s)

1. Campers Name(s) _____

Birth(s) _____ Grade(s) _____

2. Parent/Guardian Information: Parental Status: Married Divorced Separated Single Parent

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Work Phone _____

Work Phone _____

Address _____

Address _____

E-mail _____

E-mail _____

Custody Information/Stepparents _____

3. Emergency Contact Information (Other adult authorized to sign your child in and out)

1) Name _____ Relationship to camper _____
 Phone _____ Cell _____

2) Out of Area Contact (in case of local emergency) _____
 Relationship to camper _____ Cell _____

4. Billing Preference I prefer to pay for the program:

- Please _____ I would like the office to bill me every two weeks & I will pay by check.
 Check One _____ I will set up automatic credit card payments with the office.
 → _____ I will send a check with my child on the day(s) he/she attends.
 _____ I am receiving state assistance to pay for a portion/all of the charges.

5. Camper Information (Please provide appropriate detail for your child's safety- **Continue on back as needed**)

Allergies/Sensitivities/Medications (For medications to be given by us, you must fill out and return a Medication Release Form)

Acute and Chronic Medical Conditions/Disabilities- _____

Any Other Health Concerns/Comments/Instructions _____

6. Health Information

Date of Last Physical Exam _____ Child's Doctor _____ Phone _____

Insurance _____ Policy Holder _____ Policy # _____

8. Medical Authorization (Please Read Carefully and Sign)

In the event that any above listed child, becomes ill or sustains an injury or in the event of an emergency situation I give the staff of **WASATCH KIDS CAMPS (WKC)** permission to act on my behalf and administer first aid for my child's relief. If it is not practical to return my child to me or to receive my instructions for my child's care, I give permission for my child to be admitted to any hospital or medical facility or to receive services at such a facility. I hereby grant permission for the staff of **WKC** to authorize the use of emergency transportation if needed for appropriate emergencies or to transport my child to a medical facility in case of an emergency. I also give consent, for any licensed physician and/or surgeon to whom my child is taken for treatment, for them to administer such treatment, drugs and medicines and to perform such surgical procedures that the existing emergency requires to preserve my child's life or health or for the relief of pain. Authorization is also given for other reasonable measures or procedures that may be required. I understand that all expenses for any services obtained will be at my expense. I also hereby release **WKC**, it's affiliates, their officers, employees, subsidiaries, and agents from all liability for any injury, which may result from any such diagnose and/or treatment.

Printed Name _____ **Signature** _____ **Date** _____