

# 2024 F.A.N.S. SUMMER CAMP

## Registration Form

Child's Full Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name (1) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name (2) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child take any medicines or have any medical restrictions?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child covered by your medical insurance or any medical insurance policy?  Yes  No

Name of Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list names and phone numbers of any person(s) who are allowed to pick up your child from F.A.N.S. Camp:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

***I HEREBY CONSENT FOR ENROLLMENT OF MY CHILD IN THE F.A.N.S. CAMP PROGRAM AND AGREE THAT NEITHER F.A.N.S. CAMP STAFF OR ITS EMPLOYEES SHALL NOT BE HELD RESPONSIBLE IN CASE OF SICKNESS OR INJURY TO MY CHILD WHILE IN ATTENDANCE OF THE PROGRAM.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I consent to having my child's photo, name, and achievements published if applicable in any F.A.N.S. Camp promotional materials, website, or social media, as well as any local news media .

(Check One)  Yes  No

If I cannot be reached, F.A.N.S. Camp has my permission to secure the most readily available medical services and, if necessary, have my child transported to the nearest care facility. I understand that I (the parent) will be responsible for any cost related to that action.

(Check One)  Yes  No

Please complete the form and send it with a **\$99 Registration Fee** per family to:

**F.A.N.S. Camp 212 42<sup>nd</sup> St, Gulfport, MS 39507**