

2026 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 **\$150 Registration Fee** per family to:

F.A.N.S. Camp 212 42nd St, Gulfport, MS 39507