

Superhero Training Camp Registration Form

Camper Name: _____ Age: ____

Office Use Only

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of July 19th, 2019) _____

Favorite activities your child likes to do (Sports, board games, drawing, etc.):

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____
Home Phone _____ Work phone _____
Cell phone _____ E-mail _____

Please list any people besides parents/guardians who are permitted to pick up your child (If applicable):

1: _____
2: _____
3: _____

Emergency Contact Information (Besides Parent/Guardian #1 and #2)

Emergency Contact #1(if applicable)

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2(If applicable)

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Where did you hear about Superhero Training Camp? (Facebook, Newsletter, Website, etc.)

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Medical Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Lokomotion or Spotlight Characters will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Superhero Training Camp**. I understand the photos will be used to keep a journal of activities, to share for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Lokomotion and its affiliates.

Parent's/Guardian's Initials _____

Lokomotion and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____