

Vanessa's Summer Craft Camp

REGISTRATION FORM

Camper's Name _____

Age _____ T-Shirt Size _____

Address _____

Mother/Guardian's Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Father/Guardian's Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

1. Emergency Contact _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

2. Emergency Contact _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Insurance _____

Hospital Preference _____

Allergies _____

Medical History _____

Medications _____

Other _____

I, the parent and/or guardian, give my permission to Vanessa Dunn to take my child to the hospital in an emergency situation in the event that I cannot be reached by telephone.

(Signature)

Photo Waiver-Please check one:

_____ I hereby grant Vanessa Dunn permission to use my child's photograph taken at Vanessa's Craft Camp on marketing materials.

_____ Please **DO NOT** use my child's photograph on any marketing materials.