

## CSI Summer Camps Registration Form

**PARTICIPANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

**Fee and Schedule**

7:30 am – 3:30 pm :: \$60 per week      7:30 am – 6:00 pm :: \$85 per week      (this does not include activity fees)  
 One Time \$25 registration fee required before first week of attendance

**HEALTH INFORMATION**

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp director when your child travels on possible camp field trips with our camp group. Please list the name and phone number of your child’s doctor. May the doctor be contacted in case of an emergency? Circle Yes/ No (\*Note: We will attempt to contact the parent/guardian and/or emergency contact first.)

Child’s Doctor’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**       Yes     No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.  
 \_\_\_\_\_

Does your child have any allergic reactions to sunscreen?  Yes     No

May we serve your child food and beverages:  Yes     No

**Medical, Physical, or Emotional Conditions (including Disabilities):**

Please note any medical concerns that CSI Extended Explorations staff should be aware of in order to best serve your child. If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THE FORM →**

**Medications (including Inhalers):**       Yes     No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your child’s medication to them to bring to camp; medications must be received and held by the camp/school office or with the camp director.  
 \_\_\_\_\_

Is your child up-to-date on all state-required immunizations?  Yes  No

**INSURANCE INFORMATION**

Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**AUTHORIZATION OF CONSENT**

(I)/(We), the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do  
(Print child's name)

hereby authorize that in case of an emergency Carolina School for Inquiry and CSI Extended Explorations staff has the right to send the above child to any hospital where the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or licensed surgeon or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s), Carolina School for Inquiry and CSI Extended Explorations staff, to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name

**INDIVIDUAL CONTRACT**

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend the Carolina School for Inquiry and CSI Extended Explorations and its officers, employees, volunteers and agents of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the Carolina School for Inquiry and CSI Extended Explorations and its officers, employees, volunteers and agents of liability for any claims that may arise out of camp activity. The Carolina School for Inquiry and CSI Extended Explorations also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of the Carolina School for Inquiry and CSI Extended Explorations. I hereby grant permission to the Carolina School for Inquiry and CSI Extended Explorations to take my photo and/or my child's photo while participating in the activities to use for publicity.

One parent/guardian must sign for all minors.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name