

2011 TLC, Inc Science Camp Programs Registration

Please Print:

Date of Registration _____

Name _____ Age _____ Birth Date: _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

Parent's Name: _____ Work # _____ Cell # _____

Parent's Name: _____ Work # _____ Cell # _____

Emergency Name: _____ Phone# _____

Insurance Carrier and Policy # _____

How did you hear about Camp? _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I understand that TLC does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all Campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that TLC reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the school.

I will notify the director if my child has any serious restrictions related to his/her participation in the program.

I agree to the following policies regarding camp fees: HISD is responsible for the summer camp fees and no additional costs for parents.

TLC has my permission to use photographs taken of my child while at camp for promotional purposes.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent/guardian: _____ Date: _____