

**VOCATIONAL SUMMER CAMP 2021
REGISTRATION/CONTACT FORM**



STUDENT INFORMATION	Last Name		First Name		Middle Name
	Date of Birth (MM/DD/YYYY)		Birth Place (City/State)		Birth Country
					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Parent/Guardian student lives with:				
	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				

The names of **both parents** of a student shall be listed on this form as persons authorized to pick up the student, except when a court order has revoked the parental rights and a certified copy of such court order has been provided to the camp organization.

BOTH parents shall designate on this form those persons authorized to pick their child up in the event of an emergency. No parent shall delete or in any way alter the names provided by the other parent on this form.

FAMILY 1 (Student Primary Residence)	PARENT/GUARDIAN INFORMATION				
	Last Name		First Name		Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other _____
	Home Phone:	Cell Phone:	Work Phone:		Email:
	Last Name		First Name		Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other _____
	Home Phone:	Cell Phone:	Work Phone:		Email:
	Home Address			City	State
	Zip Code				
	Mailing Address (if different from Home Address):				
	EMERGENCY CONTACTS: Person(s) listed below may assume temporary care or responsibility of my child in case of emergency if I cannot be reached.				
	Name	Relationship		Emergency Phone 1	Emergency Phone 2
Family 1 Completed By:		Signature:		Date:	

FAMILY 2	This section may be completed only by the Family 2 PARENT/GUARDIAN to designate additional persons authorized to pick up the student. The Family 1 Parent/Guardian may not alter this section. The Family 2 Parent/Guardian may not alter any other portion of this form.				
	Last Name		First Name		Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
	Home Phone:	Cell Phone:	Work Phone:		Email:
	Home Address			City	State
	Zip Code				
	EMERGENCY CONTACTS: Person(s) listed below may assume temporary care or responsibility of my child in case of emergency if I cannot be reached.				
	Name	Relationship		Emergency Phone 1	Emergency Phone 2
	Family 2 Completed By:		Signature:		Date:

Camp Dress Code: The camp dress-code is in strict accordance with Hope Services guidelines. Girls: Please do not wear low-cut, tight-fitting, or short shirts which show the midriff and/or back; NO tank tops or spaghetti strap shirts are permitted. Shorts must be knee-length, and all shorts/pants must not be tight. Guys: Please do not bring tank-tops or revealing sleeveless and/or cutoff t-shirts. Shorts must be knee-length. No tight-fitting clothing of any kind. General: Please do not wear garments which contain offensive graphic or textual displays. Campers are expected to maintain a neat, well-groomed appearance. *If you have any questions about the dress code... please contact our directors.

MEDIA RELEASE EXEMPTION	
Occasionally, media representatives visit camps to take photographs of various activities. If you do not want your child's picture released to the media during this summer, please indicate below.	
<input type="checkbox"/>	I do not want my child to have his/her picture published in the media.

Parent Signature: _____

Date: _____