

RADFORD SCHOOL SUMMER CAMP
Registration Form

Please fill out one registration form per family. Return registration form and payment to the front office at Radford School, 2001 Radford Street, El Paso, Texas 79903.

Camper's Name _____ DOB _____ Age _____ M / F
Camper's Name _____ DOB _____ Age _____ M / F
Camper's Name _____ DOB _____ Age _____ M / F
Parent/Guardian _____ Email _____
Address _____ City/State/Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Is any camper taking any medication? YES / NO If YES, please explain.

Allergies, including food and drug _____
Should camper's activity be limited in any way? _____

Please list the names and phone numbers of two emergency contacts (other than parents):

Name _____ Phone _____
Name _____ Phone _____

If emergency treatment is required, camp authorities will make every attempt to contact parent prior to calling for emergency services.

PERMISSION INFORMATION:

- I give Radford School permission to publish, reproduce, and release photographs, videotapes, or artwork pertaining to my child's participation in summer camp. YES / NO
- My child has permission to leave Radford School for field trips. YES / NO
- Radford Summer Camp has permission to give my child Tylenol/Pepto if needed. YES / NO
- Is your child a SWIMMER or NONSWIMMER? Circle one.

Please list any person or daycare authorized to pick up your child.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

LATE PICK-UP: Students will not be left unsupervised at any time. If your child is not picked up at 3:30 p.m., you will be charged a late fee.

DISMISSAL POLICY: Radford School reserves the right to dismiss any camper whose presence, in its judgment, is detrimental to the safety or well-being of other children or staff members or the camp's best interests. In such an event, no refund or credit will be granted.

I fully understand and agree to the terms set forth in this registration form.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

\$750 (First child 4 weeks) _____ \$700 (Second child) _____ \$225 (Weekly) _____
Check # or Cash _____ Receipt # _____

T-Shirt Size (Circle one): Youth S M L Adult S M L XL