



# Camp Registration Form

## Explore! Experience! Excel!

Please complete this form in its entirety and return it to the Infinity Center. Please include your camp deposit with this form in order to reserve your space. Limited scholarships are available to families who complete a scholarship application and qualify for financial assistance.

**Student Information**

Date: \_\_\_\_\_  Returning Student  New Student

Student Name: \_\_\_\_\_  Male  Female  \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
month/day/year

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Medications, medical conditions, allergies or information you would like us to know? \_\_\_\_\_

**Guardian Information** *(include all legal guardians, please indicate preferred phone number with an \*)*

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**☎ In case of emergency, if we are unable to reach a parent/guardian, whom should we contact?**

Relationship to Student: \_\_\_\_\_ Preferred phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

**When finished with their camp day at Infinity:**

- My child is to wait within the Infinity facility until one of the listed guardians arrives to pick them up.
- My child has my permission to wait outside and leave the Infinity facility independently.
- My child will need:  before care  after care

**Photo/Video Release**

**Infinity uses photos and videos of program activities for funding proposals and to publicly promote Infinity.**

- I authorize Infinity to publish photographs or videos of Infinity activities that include my child.
- I do not want photographs and/or videos that include my child to be published by Infinity.

I hereby grant permission for Infinity personnel to act on my behalf to authorize necessary emergency medical attention should the need arise while my child is under Infinity's care.

**Guardian Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_