



2018 Camp Registration Form

Explore! Experience! Excel!

<input type="checkbox"/> MUSIC & ARTS EXPLORERS (Feb 20-23, 2018) <input type="checkbox"/> SCI FI CAMP (Jul 9-13, 2018) <input type="checkbox"/> CENTER STAGE ACADEMY (Aug 6-10, 2018)	<input type="checkbox"/> SPRING INTO MUSIC AND ARTS (Apr 3-6, 2018) <input type="checkbox"/> TIME TRAVELER (Jul 23-27, 2018) <input type="checkbox"/> WORLD TOUR (Aug 20-24, 2018)
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Date: _____	<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student
Student Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Preferred Name: _____	Birth Date: _____ <small style="text-align: center;">month/day/year</small>
Address: _____	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: _____
Address: _____	Address: _____
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 lesson or class at Infinity:

- Student is to wait within the Infinity facility until one of the listed guardians arrives to pick them up.
- Student has my permission to wait outside and leave the Infinity facility independently.
- Student will need: before care at _____ a.m. after care until _____ p.m.

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 this student.
- I do not want photographs and/or videos that include this student 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.

I have enclosed the camp fee

Guardian Signature: _____ **Date:** _____