



Camp Registration Form

Explore! Experience! Excel!

Which camp(s) are you interested in?

- INFINITY'S EXCELLENT ADVENTURE (April 14-17, 2020)
- MUSIC & ARTS EXPLORERS (August 3-7, 2020)

- MUSIC & ARTS INSTITUTE (July 13-17, 2020)
- CENTER STAGE ACADEMY (Aug 17-21, 2020)

Date: _____ Returning Student New Student

Student Name: _____ Male Female _____

Preferred Name: _____ Birth Date: _____
month/day/year

Address: _____ Age: _____ Grade: _____

School: _____ Race/Ethnicity: _____

Medications, medical conditions, special needs, 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 camp 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. (\$5.00/hr)

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: _____