

## Mount Ararat Community Activity Center Camp Harambee – 20\_\_ Registration Form

Last Name:		First Name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Street Address:			City, State Zip:	
Date of Birth:	/ /	Age:	Home Phone: ( )	
Allergies or Other Medical Concerns:			School:	
Siblings Attending Camp	Name			Age

Mother's Name:			Cell Phone	
Email Address:				
Father's Name:			Cell Phone	
Email Address:				

Other Persons Authorized to Pick Up	Name & Number:		Name & Number:	
Child Can Walk Home		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please list any special talents, skills or interests of your child:	Do you receive CCIS? __ YES    Co-pay Amount \$_____ per week __ NO
T-Shirt Size (Youth): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> Other (Adult size)_____	Weeks your child will be attending camp? ___ June 27 <sup>th</sup> – August 19 <sup>th</sup> _____ Other (indicate weeks)
Photo Release and Consent:  I give my permission for my son/daughter to be photographed and/or videotaped by Mount Ararat's Summer Camp Program to be used on promotional materials. __ Yes    __ No	My Child has Special Needs: __ Yes    __ No  If Yes, please explain (i.e. autism, ADHD, etc) _____ _____

### AUTHORIZATION

I authorize M.A.C.A.C. to seek medical attention for my child in case of emergency.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Insurance Coverage _____	Policy # _____	
Parent/Guardian Signature	Date:	

**There is a \$300 non-refundable registration fee.**