

Camp Registration Form

Required fields are highlighted in **bold**.

Family Information

Parent or Guardian

Preferred Camp Date:(please circle) **June 12-16** **July 17-21**

Prefix	First Name	Middle Initial	Last Name
--------	-------------------	----------------	------------------

Primary email: _____

Primary phone: _____ home cell work other

Secondary Phone: _____ home cell work other

Additional notes on how to contact you in case of an emergency:

Local Address

Second Contact

The next person who will be contacted if the above person is not available in an emergency.

Prefix	First Name	Middle Initial	Last Name
--------	-------------------	----------------	------------------

Relationship to child: _____

Primary phone: _____ home cell work other

May this person authorize medical treatment for your child: Yes No

Additional notes on how to contact them in case of an emergency:

Child and Camp Information

Child Information

First Name **Middle Initial** **Last Name** **Child prefers to be called**

Date of Birth: _____

Currently in or just completed what grade: _____

T-shirt size (adult sizes): Small Medium Large XLarge

Allergies

Please include food allergies such as nuts, drug allergies, poison ivy, insect stings, penicillin, hay fever, or any other allergies

Any allergies? Yes No

If yes, describe the allergy(s) and the appropriate actions by camp staff:

Medical Conditions

Please include asthma, diabetes, heart defect or disease, convulsions, bleeding or clotting disorders, activities encouraged or limited by child's physician, or any other condition.

Any medical conitions? Yes No

Describe the medical condition(s) and the appropriate actions by camp staff:

Medications

Does any medication need to be administered during the program? Note: If the child normally takes medication during the school year, our camp requires continuing the medication schedule during camp.

Any medications? Yes No

Describe the medication schedule and procedure:

Special Needs

Does your child have any additional special needs? Note: If you child requires special and or constant attention due to these special needs, parents are required to provide an assistant to be with the child at all times (no additional fee will be charged).

Any special needs? Yes No

Describe the special need(s) and the appropriate actions by camp staff:

Will provide assistant? Yes No

Experience

Has this child participated in a FIRST camp or been a member of a FIRST Lego League or FIRST Robotics Competition team before? (None is necessary, this is only information for the teacher)

Participated in FIRST before? Yes No

It is responsibility of the parent or guardian to provide the following:

Before the week of the camp:

- A completed, accurate copy of this registration form
- A signed copy of the policy forms attached

On or before the first day of camp:

- Registration fee of \$250

Please mail to Jaclyn Duhe
#1 Skipper Drive
Mandeville LA 70471

Please make check payable to MHS