**NORTH COLUMBIA COMMUNITY ENRICHMENT FOUNDATION**

**LIFE SKILLS & FINANCIAL LITERACY SUMMER CAMP**

**JUNE 3-7, 2024**

**REGISTRATION FORM**

**TERMS OF AGREEMENT.**

**DROP OFF AND PICK-UP.** A parent/guardian must sign in and sign out camp participants each
 day.

**Photo Release**

I understand that my child may be photographed during this camp. I further understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors/grantors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and understand that all photos are the property of the North Columbia Community Enrichment Foundation.

|  |  |
| --- | --- |
| Student Name | Click or tap here to enter text. |
| Age | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| School | Click or tap here to enter text. |
| Grade | Click or tap here to enter text. |
| T-Shirt Size | Choose an item. |
| Parent/Guardian 1 | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City and State | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Parent/Guardian 2 (if applicable) | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City and State | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Emergency Contact Telephone Number | Click or tap here to enter text. |
| Person(s) Authorized to pick up student | Click or tap here to enter text. |
| Person(s) Authorized to pick up student | Click or tap here to enter text. |
| Person(s) Authorized to pick up student | Click or tap here to enter text. |
| How did you hear about this camp? | Choose an item. |

Email form to nccef29203@gmail.com

For questions call 803-381-8923 and leave a message. Someone will return your call as soon as possible.

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**REGISTRATION FORM**

**Page 2 –Medical Information**

**I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. The purpose of providing this information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. This information will not be shared with anyone other than the camp nurse or medical personnel.**

**I understand that the North Columbia Community Enrichment Foundation will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.**

|  |  |
| --- | --- |
| Student Name | Click or tap here to enter text. |
| Is your child allergic to any type of food or medication? | Click or tap here to enter text. |
| Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? | Click or tap here to enter text. |
| Does your child require a special diet? | Click or tap here to enter text. |
| **In case of medical emergency contact:** |  |
| 1. Name  | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Relationship to Child | Click or tap here to enter text. |
| 2. Name  | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Relationship to Child | Click or tap here to enter text. |
| 3. Name  | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Relationship to Child | Click or tap here to enter text. |
| Comments | Click or tap here to enter text. |