

# ADVENTURE CLUB REGISTRATION FORM

JISD ADULT AND COMMUNITY EDUCATION DEPARTMENT

Summer Camp 2011

Campus attending for summer: \_\_\_\_\_

Please check all that apply: June full time: \_\_\_\_\_ July full time: \_\_\_\_\_ Drop In only: \_\_\_\_\_

CAMPUS child attends during school year \_\_\_\_\_

## STUDENT'S LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE:

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE \_\_\_\_\_  
(LAST) (SUF) (FIRST) (M)

2<sup>ND</sup> STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE \_\_\_\_\_  
(LAST) (SUF) (FIRST) (MI)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

STUDENT LIVES WITH: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BOTH \_\_\_\_\_ OR LEGAL GUARDIAN: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, if parent(s) cannot be contacted, call the following:

NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

If unable to contact the above person, and in the judgement of school officials, it is advisable to get the student to a hospital, this authorizes the school officials to proceed to accomplish this to the best of their ability, without prejudice.

**DEPARTURE PROCEDURES:** Please indicate persons designated to pick up your child other than the person completing and signing this form. (Example: Mother completes form, father should be listed here.) ANY CHANGES IN THIS LIST MUST BE RECEIVED FROM THE PERSON COMPLETING AND SIGNING THIS FORM IN WRITING.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ TX.DL NO: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ TX.DL NO: \_\_\_\_\_

**COMMENTS:** To note any additional information pertinent to the program, such as health or medical concerns, please attach an extra sheet with information.

I have read and understand all the policies provided by the Judson Adult/Community Education Department for the Adventure Club Program in this handbook. I release the Judson Independent School District from liability in case of accident. The instructor is given permission to provide emergency health care if needed. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I have read the parent handbook for the Adventure Club Program and agree to adhere to the policies.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_