

ADVENTURE CLUB HOLIDAY CAMP

DECEMBER 21,22,23

DECEMBER 28,29,30

7 A.M. TO 6 P.M.

\$25 Per day

Please bring a lunch

Please fill out enrollment form
and return with your payment.

NO REFUNDS AFTER 12/16/09

The following schools will be available:

Converse Elementary 383-9038

6720 FM 1516

Olympia Elementary 516-2471

8439 Athenian

Salinas Elementary 516-2686

10560 Old Cimarron Trail

For more information call:

Gloria Triana 945-5339



ADVENTURE CLUB REGISTRATION FORM

JISD ADULT AND COMMUNITY EDUCATION DEPARTMENT

210-945-5339

CAMPUS NAME: _____ SEX: (M) (F)

STUDENT'S NAME: _____ BIRTH DATE: _____ AGE _____ GRADE _____
(LAST) (SUF) (FIRST) (MI)

STUDENT'S LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

2ND STUDENT'S NAME: _____ BIRTH DATE: _____ AGE _____ GRADE _____
(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: _____ TX.DL NO: _____

NAME: _____ TELEPHONE NO. _____

RELATIONSHIP: _____ TX.DL NO: _____

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: _____

NAME: _____ PHONE: _____ TX.DL NO: _____

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: _____

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