2024 Registration Form Summer Camp Leatherbacks

The Bilgrav School February 1, 2024

First	Middle	Last
Parent(s) Name:		
Phone:		
Home Email:	Work	Cell
Emergency Contact:		Phone:
		School and its volunteers will not be
activities. In the event of an emerge to be given to my child. I agree to The Bilgrav School from responsi permission for my child to be pho applicable, I have attached inform	gency and I cannot be reached, I graphy all medical bills not covered by bility for any bills resulting from intographed and for such photographs	y permission to participate in summer camp nt permission for emergency/medical treatment the insurance company listed below. I release juries incurred in this program. I also give my to be released for publicity purposes. If edical conditions concerning my child of which possible in the program of the pro
List any known allergies:		
Is there an Epi-Pen? YES NO		
Insurance Company:	Po	olicy Number:
Parent Signature:		Date: