

The Bilgrav School

Camp Leatherbacks 2025 Registration Form

Student Name:

First Middle Last

Parent(s) Name:

Cell Phone: _____ Home: _____

Work: _____

Email: _____

DOB: ____/____/____ Age: _____

School: _____

Emergency Contact: _____

Phone: _____

*** Please remember that meals will not be provided. Bring filling snacks and drinks to eat during breaks. Transportation will not be provided to and from camp. The Bilgrav School and its volunteers will not be responsible for any lost or stolen items.**

PERMISSION FORM: _____ has my permission to participate in activities listed on this registration form. In the event of an emergency and I cannot be reached, I grant permission for emergency/medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release The Bilgrav School from responsibility for any bills resulting from injuries incurred in this program. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. If applicable, I have attached information regarding allergies or other medical conditions about my child of which staff should be aware. I understand there are no refunds once the camp/clinic has started.

List any known allergies:

Is there an Epi-Pen? YES NO

Insurance Company: _____

Policy Number: _____

Parent Signature: _____

Date: _____