

First Steps Summer Adventure Camp

Student's Last Name	Student's First Name	Student's Date of Birth
Race	Sex (circle one) Male Female	Last Grade Completed
Parent Name (Mom)	Address	Email:
Business/ Occupation/ Place of work	Daytime Parent phone	Home Phone
Emergency Contact #1:	Name:	Emergency Contact #3:
Number:	Name:	Name:
Doctor's Name:	Number:	Number:
Doctor's Phone #:	Allergies: list Medications, food, other	Other Medical Information
Person's my child may be released to:		

The undersigned agrees and does hereby release from all liability and hold harmless Healthy Kids/ First Steps/ Butler County Board of Education/ YMCA/ City of Greenville and any of its employees representing or related to the Healthy Kids/ First Steps/ Butler County Board of Education/ YMCA/ City of Greenville. This liability release is for any and all liability for personal injuries and property losses or damage in connection with any activity or accommodation of the above mentioned entities.

The undersigned does hereby further agree to abide by all the rules and regulations that are presented by Healthy Kids/ First Steps/ YMCA. If a medical emergency arises, I understand staff will call 911 to acquire emergency medical assistance. I understand that I will be responsible for a medical cost associated with the medical care of my child. I hereby release Healthy Kids/ First Steps/ Butler County Board of Education/ YMCA/ City of Greenville from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

Parent/Guardian Signature: _____ Date: _____

In consideration of my child's participation in the summer camp program, I agree to the following:

1. I agree to prepay for the day/week/month upon my child's arrival. A late fee of \$10 per week will be added for non-payments on Wednesdays at 9:00 a.m.
2. I understand that in the event of continual late pickup of my child or for continued disruptive behavior of my child, First Steps reserves the right to remove my child from the summer camp program.
3. I understand that the severe misconduct will result in the immediate dismissal from the summer camp program.
4. I agree that First Steps/ Healthy Kids/ YMCA/ Butler County Board of Education will be held harmless from any and all injuries occurring to my child.
5. I understand that children must be picked up between 5:15-5:35. A late fee of \$10.00 must be paid upon arrival for children not picked up by 5:35.
6. I grant permission for my child to participate in the First Steps Adventure Summer Camp.
7. I give permission for my child to access the Internet.
8. I give permission for my child to be photographed/ video taped during the daily activities of the First Steps Adventure camp for the purposes of developmental recording/ educational/ training purposes/ promotion of the First Steps program.

My child will be attending: _____

_____ June 6-10 _____ June 13-17 _____ June 20-24 _____ June 27-July 1
 _____ July 5-8 _____ July 11-15 _____ July 18-22 _____ July 25-29 _____ Aug 1-5

Parent/Guardian Signature: _____ Date: _____