



iPlay Summer Camp Registration

Camper Name: _____

Parent/Guardian

Name: _____

Home# _____ Cellular# _____

Work# _____

Address: _____

School: _____

Grade: _____ Birthday: _____

****Registration will not be processed without the required non-refundable/non-transferable \$35.00 deposit by no later than May 1st.

Make checks payable to:
Sugar N Spice Parties, Inc.

Emergency Contact:

If neither parent/guardian is available in an emergency.

Name: _____ Relationship: _____ Tel.: _____

Name: _____ Relationship: _____ Tel.: _____

Please list all persons authorized to pick-up your child

Please list all persons NOT authorized to pick-up your child

Check allergies or illness if applicable:

___ Hay fever ___ Poison Ivy/Oak ___ Heart Disease ___ Sleep Walking ___ Asthma

___ Convulsions ___ Penicillin ___ Diabetes ___ Motion Sickness ___ Sulfa ___ Ear

Infections ___ Headaches ___ Insect Stings ___ Nosebleeds ___ Food

___ Other

Date of last Tetanus Shot _____

Date of last health examination _____

Operations or serious injuries (dates) _____

Other diseases or details of above

Note: No medication or drugs of any kind will be given without written permission from a Parent/Guardian and doctor.

Health Certification

This is to certify that _____ is in good physical condition; has had no recent exposures that would be contagious for others, and has my permission to participate in the total program. In case of emergency, I understand every effort will be made to contact the parents or guardian of camper. In the event I can not be reached, I hereby give my permission to the physician selected by the Camp Director to hospitalize, and secure proper treatment for my child as named above. I certify in addition that my child has had no operations or serious illness between her last health examination and the opening of camp session.

SIGNATURE OF

PARENT/GUARDIAN: _____ DATE: _____

Parent Agreement

This letter outlines important camp information, and your signature below means you will comply with the statements included.

Please read and sign. Thank you!

I understand:

- * That I give my child permission to participate in all approved, scheduled activities in camp and off site.
- * All activities are governed by sound health and safety standards.
- * I will make full payment and complete all required paperwork prior to the start of each week. If payment is not received by start date, registration will automatically be cancelled and a child from the waiting list will be called.
- * No refunds will be made after the due date without a written statement from a licensed physician. No refunds will be issued for field trips. I understand that tickets, snacks, supplies, etc. have been purchased.
- * In the event of an emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the adult in charge to secure emergency treatment for my child.
- * My family health insurance will provide primary coverage for such medical treatment.
- * My child may participate in any media related photographs or taping for airing or print. I hereby give Sugar n Spice Parties, Inc. the right and permission without compensation to use photographs of my child and their name for public relations purposes.
- * Sugar N Spice Parties, Inc. will not be responsible for loss of valuables. I will label my child's personal items.
- * My child will abide by all camp rules and regulations.
- * Proper behavior is required and there will be no refund if my child should be sent home due to misbehavior, or behavior which represents a danger to themselves or to others.

Print full name: _____

Signature of Parent/Guardian (in ink) _____

Photo Release

I, being Parent/Guardian of _____, hereby consent that my child's name, image, and likeness, as shown in video-tapes, photographs, film and/or electronic images for which they are posed, and/or audio recordings made of their voice may be used by Sugar N Spice Parties, Inc., its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

NAME OF MINOR _____

SIGNATURE OF PARENT/GUARDIAN
