

Summer Camp Registration

Mail to: Ridgefield Community Education, 2724 S. Hillhurst Road, Ridgefield WA 98642

Name (First) _____ (Last) _____

Registering for: (Please List) _____

Age _____ Entering Grade _____ School _____ Shirt Size YM YL AS AM AL AXL

Address _____ City _____ Zip _____

Home# _____ Cell# _____ Work# _____

Parent/Guardian Names _____

Emergency Contact _____ Phone# _____

Email address _____ Do you want to be on our mailing list? Yes No

Parent Permission:

_____ has my permission to participate in the Ridgefield Summer Camp Program. In an emergency, I grant permission for emergency treatment to be administered to my child. I agree to pay all medical bills not covered by my insurance company. I release Ridgefield School District from responsibility for any bills resulting from injuries incurred in this program. While no sports physical is required to participate, I understand that my child should be in good physical condition and that a current medical exam is recommended. I understand the risks of participating in this sports activity. I have listed information regarding allergies and/or medical conditions about my child of which staff should be aware.

Does your child have any allergies or medical conditions that staff should be aware of? Yes No

If yes, please explain _____

Parent/Guardian Signature _____ Date _____

Insurance Company _____ Policy# _____

Physician's Name _____ Phone# _____

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