



Bandon School District Summer Enrichment Camp

Registration Form and Medical Release



Please check the camp(s) you wish your child to attend:

Please see camp guide for specific times and more detailed information about each camp. Space is limited and sign-ups are on a first come, first served basis. If a class gets fewer than 7 sign-ups, it will be cancelled.

- Summer Enrichment Gr. 3-4 – July 12-30
- Missoula Children’s Theatre Gr. 1-8 – July 12-16
- Lost Lake Day Camp Gr. 1-4 – July 12
- Beach Day Camp Gr. 1-4 – July 13
- Computer Camp Gr. 5-8 – July 19-23
- Math Fun Gr. 1-2 – July 19-23 (a.m.)
- Math Fun Gr. 1-2 – July 19-23 (p.m.)
- Bottle Rocket Camp Gr. 5-8 – July 19-23
- Art Camp Gr. 5-8 – July 26-30
- Volleyball Camp Gr. 3-5 – July 27
- Volleyball Camp Gr. 6-8 – July 28
- Summer Enrichment Gr. 3-4 – August 2–20
- Math Facts – Geometry Gr. 5-8 – August 2-6
- Everyday Math Gr. 2-5 – August 2-6
- Daily Child Care*
- Garden Camp Gr. 2-4 – August 2-6
- Nature Stories Gr. 1-4 – August 2-6
- Mural Camp Gr. 5-8 – August 2-6
- Expedition Club Camp Gr. 1-4 – August 4-6
- Cooking Camp Gr. 3-4 – August 9-13
- Geology Camp Gr. 5-8 – August 9-13
- Nature Stories Gr. 1-4 – August 9-13
- Everyday Math Gr. 2-5 – August 9-13
- Felting and Flower Pressing Gr. 1-5 – August 10-12
- Everyday Math Gr. 2-5 – August 16-20
- Tide and Pools Gr. 1-4 – August 16-20
- Nature Stories Gr. 1-4 – August 16-20
- Basketball Camp Gr. 1-5 – August 16-20
- Basketball Camp Gr. 6-8 – August 16-20

*Child Care is available to registered campers only, on the day(s) of their camp participation, only during the time their camp is not in session.

Camper Name (First/Last): _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Cell Phone # _____ e-mail: _____

Pick Up Authorization and Emergency Contacts

Parents and legal guardians are allowed to pick up the child unless legal documentation shows otherwise. I do hereby authorize the Bandon School District Camp staff to release my child to any of the individuals stated below in the event that a Parent or Legal Guardian is unable to pick him/her up. I understand the Bandon School District Camp staff will not release my child to any unauthorized individual without first having received a written notice with my signature, or in the event of an emergency, my verbal approval.

Emergency contact:

Name _____ Relationship to child _____ Phone # _____

Name _____ Relationship to child _____ Phone # _____

Please read both sides of form and sign where indicated

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MEDICAL RELEASE (SIGNATURE REQUIRED BELOW)

Camper Name (First/Last): _____ **Date:** _____

The undersigned is/are the parent(s) of guardian (s) of the above named child who is attending summer enrichment camp in the Bandon School District. The registration information provided to the school is true and correct to the best of my knowledge. I have provided telephone #'s where I/we can be reached in case of emergency or injury to my child during school hours. I have also provided information on people to contact in case the school is unable to reach me. If I/we cannot be reached at one of the telephone numbers I have provided, I/we specifically authorize Bandon School District #54, its employees and agents to act in my/our behalf and to contact the following physician(s) and/or transport my/our child to the following physician's office for treatment and care as recommended by said physician at my/our expense:

PHYSICIAN NAME & NUMBER:

INSURANCE NAME & POLICY #:

I/we further understand, agree and authorize Bandon School District#54, its employees and agents to use its sole discretion to contact or transport my/our child by ambulance at my/our expense if , in its sole discretion, transport by ambulance is necessary. I/we further understand that according to ORS 109.640 a person 15 years of age or older may give consent for most medical treatments.

I/we further understand and agree that, should my/our choice of physician change or the telephone numbers change at which I/we can be reached, it is my/our duty to notify Bandon School District #54, in writing of my/our new choice of physician(s) or telephone number(s).

In consideration of Bandon School District #54, its employees and agents acting in my/our behalf should we not be able to be reached at the listed telephone numbers, I/we waive and release said school district, its employees and agents from any and all claims, demands, actions, or causes of action for damages or injury known or unknown, that I/we may have against it incident to or arising from its action pursuant to this authorization.

I have read and understand the camper code of conduct and agree to abide by its rules.

Parent/Guardian Signature: _____ **Date:** _____