

# 2019 Plex Spring Break Camp

Camper  New or  Returning

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  Female

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian  
First \_\_\_\_\_ Last \_\_\_\_\_  Ms.  Mrs.  Mr.  Other  
StreetAddress \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2  
First \_\_\_\_\_ Last \_\_\_\_\_  Ms.  Mrs.  Mr.  Other  
StreetAddress \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Camper Lives with \_\_\_\_\_  
Person Responsible for Billing \_\_\_\_\_

Emergency Contact Information  
Emergency Contact #1  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

Emergency Contact #2  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

## Pick up authorization

Only the following person, include parents if applicable, are authorized to pick up my child (ren). They will be asked to provide identification. If anyone else will be picking up my child (ren), I will send a note, signed by me, to the Plex. Please Read policy on late fees for picking up students after closing in the parent manual.

Name	Relation	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Health Information**

Health/Accident Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Health History: Check all conditions applicable and attach any extra information that we need to know.  Asthma  Chronic Constipation  Fainting  Heart Disorder  Kidney Disorders  Tuberculosis  Athlete's Foot  Chronic Cough  Frequent Ear Infections  Head Lice  Mononucleosis  Blood Transfusion  Convulsions  Frequent Strep Throat  Hepatitis  Past Surgery  Wheezing  Chicken Pox  Diabetes  German Measles  HIV Virus

Other Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Allergic Reactions:  Insects  Stings  Drugs  Plants  Food

Other Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Any activity or dietary restrictions:

\_\_\_\_\_

**Please Read Carefully**

1. I understand that no refund or adjustments are granted for illness, vacation or when the Plex is cancelled due to inclement weather. Program payment is not transferable from one participant to neither another, nor one program to another.
2. I understand that Plex does not administer over the counter medication. In the event of an emergency in which I cannot be contacted, Emergency Medical Staff and the Plex may take appropriate action to best serve the interest of my child.
3. This application is made with the express understanding that Plex is not responsible for any sickness or injury that the applicant may receive while in attendance at the Plex Afterschool Sports Academy.
4. Effective discipline permits a child to learn appropriate behavior from the consequences which result from inappropriate action. We try to set limits, help children understand the rules, and give clear definitions of acceptable and unacceptable behavior. The Plex reserves the right to dismiss any child who becomes disruptive and or unresponsive to our methods of discipline during the program.
5. I also give my permission for photographs taken of my children during summer camp programs and activities to be used Plex promotional material without thought of remuneration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_