

HLGU Summer Science Camp 2019 Enrollment Form

Name: _____ Current 2018-2019 Grade: _____

Sibling Name (if attending): _____ Current 2018-2019 Grade _____

Parent Email Address: _____

Street Address: _____ City: _____ State: _____

Camp dates and time:

2nd and 3rd grade June 17-21: _____ 9:00-11:45 a.m.
4th and 5th grade June 24-28: _____ 9:00-11:45 a.m.

Parent/Guardian: _____ Daytime (or cell) Phone # (_____) _____

Another person to contact _____ Phone # (_____) _____

Preferred medical doctor and phone number _____ Phone # (_____) _____

I give permission for photographs or videos of my child to be used in science camp publications. Yes or No (circle one)

Allergies or sensitivities (food, plants, bee stings, etc. - we will be on the Nature Trail): _____

Any limitations to activities: _____

Medication information needed during camp times: _____

T-shirt size: (Please circle) Youth sizes 6/8 10/12 14/16 Adult sizes S M L XL XXL

Permission for 2019 HLGU Summer Science Camp

_____ (add sibling) have/has permission to attend HLGU Summer Science Camp 2019 and participate in the planned activities, which will all take place on the Hannibal-LaGrange University campus. If one of the above listed persons cannot be immediately contacted in the event of an emergency, Jenni Haner has permission to obtain medical treatment for the named student at the nearest hospital or clinic at my expense.

Signature of parent or guardian _____ Printed name of parent or guardian _____ Date _____

MEDICAL INSURANCE INFORMATION:

Company and Policy or Control Number: _____
