

HLGU Summer Science Camp 2017 Enrollment Form

Name: _____ Current 2016-2017 Grade: _____

Sibling Name (if attending): _____ Current 2016-2017 Grade _____

Parent Email Address: _____

Street Address: _____ City: _____ State: _____

Camp dates and time:

2nd and 3rd grade - June 19-23: _____ 9:00-11:45 a.m.

4th and 5th grade - June 26-30: _____ 9:00-11:45 a.m.

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

Another person to contact _____ Phone # () _____

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

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 2017 HLGU Summer Science Camp

_____ (add sibling) have/has permission to attend HLGU Summer Science Camp 2017 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: _____
