



Camper Name: _____ A.M.P. Arts Mentorship Program Camp Registration Form Age: _____

General and Emergency Information

Camper

First _____ M.I. _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 18, 2018) _____
Street Address _____ Town/City _____ State _____ Zip code _____
Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____ Town/City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____ Occupation _____
Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
*Street Address _____ Town/City _____ State _____ Zip code _____
*If different from above
Home Phone _____ Daytime phone _____ Cell phone _____
E-mail _____ Occupation _____
Employer _____

Child lives with: _____ Person responsible for payment: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Best Phone Number _____
Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Best Phone Number _____
Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

- 1: _____ Phone Number: _____
- 2: _____ Phone Number: _____
- 3: _____ Phone Number: _____



Camper Name: _____

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Medical Form

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes___ No___

If yes, explain: _____

Is your child allergic to any type of food or medication? Yes___ No___

If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Dance & Bmore Programs, the Baltimore School for the Arts, or its AMP Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____



Camper Name: _____

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Tuition Information

\$500 for two week program.

Payment method (circle) Check Cash Credit/Debit

Please circle how you heard about AMP Camp.

After School Program Word of Mouth Flyer Website _____ Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **AMP Camp**. I understand the photos will be used to keep a journal of activities, to share during powerpoint presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of AMP Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **AMP Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Dance & Bmore Programs, AMP Camp, and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____