



Summer Camp Authorization Form

Week(s) Attending

June 25th – June 28th

July 16th – July 19th

August 6th – 9th

Student #1

Name _____ Birthdate _____

School _____ Gender _____

T-shirt size (circle one) youth small youth medium youth large adult small adult medium adult large

Student #2

Name _____ Birthdate _____

School _____ Gender _____

T-shirt size (circle one) youth small youth medium youth large adult small adult medium adult large

Parent/Guardian Name _____

Phone _____ Email _____

2nd Parent/Guardian Name _____

Phone _____ Email _____

Address _____

Street address

City

State

Zip

Emergency Contact #1

Name _____ Phone _____

Emergency Contact #2

Name _____ Phone _____

Please list the first and last names of anyone else authorized to pick up your child. Your student may only be picked up by those authorized on this form with a valid ID:

Does your child have any allergies, medical diagnosis, or take any medications you would like us to know about?

Is there anything else you would like us to know about your child?

___ I understand that by enrolling my child in Pinz summer camp, I give Pinz permission to use photographs and videos of my child for promotional materials (names will not be used).

___ I am the parent or legal guardian of the student/participant, and I consent to my child's participation in activities at Pinz. I agree to release said organization/facility and their employees from all liability on my and the participants' behalf, including any events incidental to this activity (such as injury, and losses or damages to personal property). I allow my child to participate in this activity. I understand that I am responsible for the obligations and acts of the participant.

Signature _____ Date _____

Print name _____