



Corinth CSI Camp 2020

Teen's Name: _____ Sex: M F

Teen's Date of Birth: _____ Age: _____

Grade Teen Will be Entering in Fall 2020 _____

Home Phone: _____ Daytime Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

IN CASE OF EMERGENCY CONTACT THE FOLLOWING PERSON(S) OTHER THAN PARENT

Name: _____ Phone: _____

Name: _____ Phone: _____

The Following Person(s) (**Including Yourself**) will be allowed to sign my Teen out of CSI Camp. **Note:** We do not recommend that you allow your children to walk home, however, if you choose to do so we will need a letter for our records stating the allowed time of release as well as a release of liability starting at the time of release from camp.

Name: _____ DL#: _____

Name: _____ DL#: _____

Name: _____ DL#: _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____

Address: _____

Is your child taking any kind of medication? YES NO

If so, please list medications: _____

Does your child have any medical conditions or allergies, which the leaders should be aware of? YES NO

If so, Please List: _____

Session Fees are due before your child is dropped off. Session Fees will not be prorated for nonattendance. Participants must be picked up promptly from the site by 5:00 PM. An additional fee of \$1.00 per minute will apply after 5:00 PM with the Camp Coordinator determining the time.

PLEASE INITIAL _____