

# Scholar AthELITE Summer Camp Registration

Child's Last Name	Mother's Name	Day Phone	Father's Name	Day Phone
Other Parent Name	Relationship to Child		Day Phone	
Other Parent Name	Relationship to Child		Day Phone	
Home Address	City	State	Zip	Home Phone
Cell Phone	Cell Phone	E-mail		

**Please review carefully and fill-out as detailed as possible. Thank you**

Camper Name: \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

EMERGENCY & MEDICAL HISTORY • If parents are unavailable,

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Phone: (\_\_\_\_\_) \_\_\_\_\_

Has the camper had any recent injury, illness or infectious diseases?

Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Is the camper up to date on immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Is camper on medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Does the camper have any special needs? (allergies, asthma, diabetic, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Fill this out ONLY if you registered for Pick 2/3 Days a week Camp

Choose what days you would like to attend camp

Monday \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_

Lunch Meal Plans: \$6.00 per meal

Monday-Pizza \_\_\_\_\_

Tuesday-Sub w/ chips (ham/turkey) \_\_\_\_\_

Wednesday-Pizza \_\_\_\_\_

Thursday-Hot dog w/ chips \_\_\_\_\_

Friday-Pizza \_\_\_\_\_

Drink included with each meal

You are welcome to bring your own lunch to camp

**Bundle Package**      If you want a bundle package that was not offered on-line please fill out this section

Week 1 June 20-24	General	Specialty	Combination
Week 2 June 27-July 1	General	Specialty	Combination
Week 3 July 11-15	General	Specialty	Combination
Week 4 July 18-22	General	Specialty	Combination
Week 5 July 25-29	General	Specialty	Combination
Week 6 August 1-5	General	Specialty	Combination

List specific camps you want to attend: \_\_\_\_\_  
 \_\_\_\_\_

**Medical Insurance Information:**

Please list the name of your medical carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Do you have medical insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

**Payment Method: ONLY for payments by phone or mail**

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover Card \_\_\_\_\_ AMEX \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC # \_\_\_\_\_ (three digit number on back of card)

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: Scholar AthELITE Company

Mail to: PO Box 2214 Orange, CA 92859

I have read and agree to all conditions for registration policies, general information, and methods of payment. I have given complete and accurate medical information on campers current health status and campers prior health history. I further agree to allow Scholar AthELITE Company to provide routine health care, administer medication and treatments, arrange for transportation, and, in an emergency, administer treatment as deemed appropriate.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper. Your agreement to use an electronic signature with us for any documents will continue until such time as you notify us in writing that you no longer wish to use an electronic signature.