



2012 REGISTRATION FORM

Please fill out both sides of this Registration Form. **Submit to Panther Camp @ Menaul School, 301 Menaul Blvd NE, Albuquerque, NM 87107 along with payment for the correct amount.** Full payment and completed registration forms are due May 25, 2012 in order to secure your child's spot.

Part I: Student Information

Student's Name _____ Gender: M F
 Date of Birth _____ TShirt Size: Child: XS S M L XL Adult: XS S M L XL
 School Attending This Fall _____ Grade (Fall 2012) _____
 Address _____ City & Zip Code _____
 Print Parent/Guardian #1 _____ Employer/Position: _____
 Day/Cell Phone _____ Home Phone: _____ Email _____
 Print Parent/Guardian #2 _____ Employer/Position _____
 Day/Cell Phone _____ Home Phone _____ Email _____
 Emergency Contact Name _____ Telephone Number _____
 Print Reference Name authorized to pick up child with Parent call:
 _____ Telephone Number _____
 Physician's Name _____ Telephone Number _____
 Preferred Hospital _____ Insurance Company _____

To hold a place: Send in Registration Form and Fee of \$50.00 per child per week.
All inclusive cost of \$175 per child per week is due May 25th.
Late fee of \$10 per child per week after May 25th.
Financial aid available on a first come first served basis, according to need.

Part II: Camp is from 8:00 a.m. to 4:00 p.m. for the following weeks Amount Paid/Date Amount Due

| | |
|------------------|------------------|
| ___ June 11 – 15 | ___ July 9 – 13 |
| ___ June 18 – 22 | ___ July 16 – 20 |
| ___ June 25 - 29 | ___ July 23 – 27 |

___ Total Weeks Requested ___ Total Cost Are you requesting financial aid? _____
 If yes, please include a copy of most recent 1040 tax form.

Payment choices: Credit (visa or MC), Debit Card, Cash or Check

VISA / MASTERCARD # _____ Expiration Date _____
 Print Cardholder's Name _____
 Cardholder's Signature _____
 Parent/Guardian Signature _____ Date _____

Part III: Medical Information to be completed by Parent/Guardian

Yes No Explain all "yes" answers in space below
1. ___ ___ Do you have any concerns about your child's general health (eating, sleeping, teeth, habits, etc)?
2. ___ ___ Has your child been diagnosed with any chronic disease? ___ asthma ___ diabetes ___ seizure disorder
3. ___ ___ Does your child have any allergies? (food, insects, medications, latex, etc.)
4. ___ ___ Does your child take any medications? ___ Daily? ___ Occasionally? List below
5. ___ ___ List below medications brought to camp and time (s) needed. Note: medications must be given to Camp Director(s) unless otherwise noted _____
Please explain all "yes" answers _____

6. ___ ___ Your child may participate fully in the camp program, including physical activities and field trips.

Part IV: Parent Consent and Release of Information

I/we Parent(s)/Guardians(s) and camper are aware that participation in physical activities involves risk of injury. I/we understand and acknowledge the danger of injuries as inherent in physical activity. I/we hereby give our consent for my/our child to participate in indoor and outdoor physical activities at Panther Camp @ Menaul.

General Permission for Field Trips and Other Off-Site Activities

Permission is granted for my/our child to attend scheduled field trips and off-site activities that are a regular part of the camp schedule. This blanket permission covers all off-site activities where students walk to an activity or the use of school-provided transportation.

Authorization for Medical Service

I/we request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event I/we cannot be reached, I/we hereby designate appropriate camp personnel (e.g. Camp Directors, adult Counselors) to act in my/our behalf to authorize such hospitalization, medical attention and surgery as may be required in an emergency while participating in Panther Camp. In the event that I/we cannot be reached and the situation calls for medical attention, I/we recognize and relinquish my/our responsibility to a practicing physician and or medical personnel acting in the best interest of my/our child. I/we assume financial responsibility for such services. I/we give permission for release of information on this form for confidential use in meeting my child's health needs in camp.

Promotional Materials

Panther Camp @ Menaul School has my/our consent to use photographs, words and videotaped segments of my/our child in conjunction with Menaul School's website publications, advertisements, media coverage and other camp materials.

How I found Panther Camp @ Menaul School:

_____ School Flyer/News _____ Family/ Friends _____ N.M. Kids Magazine _____ Other: _____

I/we understand Panther Camp is held at Menaul School for the dates indicated Monday-Friday 8:00 a.m. – 4:00 p.m. and that I am responsible for picking up my child on time or additional charges will apply.

Parent/Guardian Name Print _____ **Date** _____

Parent/Guardian Signature _____ **Preferred Phone #** _____

Parent/Guardian Name Print _____ **Date** _____

Parent/Guardian Signature _____ **Preferred Phone #** _____