

Summer 2015 - Camp Registration

One form per camper

*Registration is complete when completed form AND session fees are received in RWS Office.
Richmond Waldorf School, 1000 Westover Hills Blvd., Richmond VA 23225.*

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Camp Registration

Which camp are you registering for?

- ☐ Circus Zirkus
- ☐ Summergarden

Child/ren Names

Registration Information

Session(s) Registered For:

Summergarden

Circus Zirkus

Dates

Session 1	_____	6/8 – 6/12		
Session 2	_____	6/15 – 6/19		
Session 3	_____	6/22 – 6/26		
Session 4	_____	7/6 – 7/10		
Session 5	_____	7/13 – 7/17	_____	Session 1
Session 6	_____	7/20 – 7/24	_____	Session 2
Session 7	_____	7/27 – 7/31	_____	Session 3
Session 8	_____	8/3 – 8/7		
Session 9	_____	8/10 – 8/14		

Camper Information

Parent/Guardian Names: _____

Contact Phone:

- home _____
- mobile _____
- work _____

Email: _____

Address: _____

City _____ State _____ Zip _____

Emergency Contact

Please provide an alternate person we may contact who is authorized by you, who can assume responsibility for your child if for some reason you, the parent(s), cannot be reached immediately in an emergency situation.

Name: _____

Relationship: _____

Emergency Contact Phone: _____

WHO IS AUTHORIZED TO PICK UP THIS CAMPER?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

I hereby agree to release, indemnify, and hold harmless Circus Zircus Camp and the Richmond Waldorf School, their volunteers and staff, as well as the persons and facility of Westover Hills Baptist Church, on behalf of myself, my spouse or partner, my children, my parents, my heirs, assigns, personal representative and estate, against liability for all activities relating to the 2015 Circus Zircus Camp.

I expressly agree and promise to accept and assume all risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

Minor's Name (Please Print): _____ Minor's Date of Birth: ____/____/____

Parent or Legal Guardian: _____ Date: ____/____/____

(PRINT NAME)

(SIGNATURE)

Media Release:

I understand that my child's likeness, still and moving, may be used to promote future camp programming and agree to the same.

Parent/Guardian Signature: _____ Date: _____

Payment Information

TOTAL DUE: _____

METHOD OF PAYMENT (PLEASE CIRCLE)

Check # _____ written to RWS, attn Circus Zircus Camp

or...

MC / Visa / Discover/ Amex

Name on Card: _____

Card # _____ Exp: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I authorize RWS/ Zirkus Camp to charge my account the "Total Due" indicated above.

Medical Information and Release Form

Health history is **required** to ensure the safety of your child and is completely confidential

Child's Physician Name: _____

Physician Phone #: _____

Preferred Hospital: _____

Please list any medications, medical problems or disabilities that pertain to EACH Child.

Use the back of this sheet as required:

ALLERGIES? _____

Any dietary restrictions? _____

Authorization for emergency medical treatment

IF MY CHILD, _____, should become ill or be injured at Zirkus Camp, I understand that the faculty will

1) CONTACT ME IMMEDIATELY OR

2) SHOULD CONTACT THE PERSON(S) I HAVE DESIGNATED.

Parent/Guardian Signature: _____ Date: _____