



Hoya STEM Summer Camp

Sponsored by The Harrison High School STEM Program

REGISTRATION FORM

Consent & Contact Information

Please Fill in ALL Blanks! If this form is not completed your child cannot participate! Please fill out a new form for EACH child!

Camper Name: _____

Age: _____ (as of 6/3/20) Rising Grade Level (SY 20-21): ___6___ ___7___ ___8___

PARENT/GUARDIAN CONTACT INFORMATION

Contact #1: Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

Contact #2: Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

~~~~~ **Harrison High School does not carry insurance on camp participants.** ~~~~~  
**Your child MUST have insurance to participate! NO EXCEPTIONS!**

Name of Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies or other medical needs that we should be aware of?: \_\_\_\_\_

Any special requests?: \_\_\_\_\_

**I hereby state that my child has my permission to participate in all camp activities. I also grant permission to have my child treated by a physician if necessary. I further state that I shall not hold Cobb County Public Schools, Harrison High School, nor any of its teachers or students responsible or liable for any injuries incurred during this camp. I understand that each parent or guardian is responsible for any medical bills incurred as a result of my child's participation in STEM camp activities at Harrison High School.**

Parent/Guardian Signature: \_\_\_\_\_

Persons to call in case of emergency or in case parents cannot be reached (VERY IMPORTANT):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_