

# 2010 Wesleyan Summer Registration

Student's Name (one child per form) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail Address (to use for confirmation) \_\_\_\_\_

Grade entering next year \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

If parents cannot be reached in an emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size (Adult or Child) \_\_\_\_\_ (Note: Not all camps provide t-shirt)

Medical conditions, if any (including allergies) \_\_\_\_\_

How did you learn about this camp/course? \_\_\_\_\_

## Camp/Course Enrollments:

Camp/Course \_\_\_\_\_ Dates \_\_\_\_\_ Times \_\_\_\_\_ Fee \_\_\_\_\_

Camp/Course \_\_\_\_\_ Dates \_\_\_\_\_ Times \_\_\_\_\_ Fee \_\_\_\_\_

Camp/Course \_\_\_\_\_ Dates \_\_\_\_\_ Times \_\_\_\_\_ Fee \_\_\_\_\_

Total \_\_\_\_\_

Waiver Claim: I, as a parent or guardian, hereby give permission for my child to participate in the Wesleyan Summer Programs, and I acknowledge the fact that my child is physically able to participate in activities. I hereby authorize the directors of Wesleyan Summer Programs to act for me according to their best judgement in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my child. I hereby waive any claim I might have against the Wesleyan Summer Program Staff and the institution providing the facilities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail form and payment to :  
Wesleyan School  
Linda Schutte, Summer Camp Coordinator  
5404 Spalding Drive  
Norcross, Georgia 30092