

# 2011 Wesleyan Summer Registration

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

Birthday \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

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 a t-shirt)

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

## Camp/Course Enrollments:

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

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

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

Waiver Claim: I, as a parent or guardian, hereby give permission for my child to participate in the Wesleyan Summer Program, 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 judgment 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  
5405 Spalding Drive  
Norcross, Georgia 30092