

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
5405 Spalding Drive
Norcross, Georgia 30092