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| Austin in Action Summer Camp  Registration, Consent, Authorization, and Release Form | | | |
| Registration and consent | | | |
| By completing the following form, I am applying for and consenting to my child’s participation in Austin in Action Summer Camp. All information on this form is considered confidential and will b maintained in a secure location with camp supervisors. I understand that until I am contacted by camp administration, confirming my child’s place in camp, enrollment is not guaranteed. | | | |
| I give permission for: Name of child (please print):Click or tap here to enter text. Date of Birth:Click or tap to enter a date.    to participate in Austin in Action Summer Camp, including, but not limited to, field trips, nature activities, sports activities, transportation to and from activities, etc.… unless otherwise indicated below. I understand that transportation to and from field trips will be by Capital Metro City Bus or by walking. By signing below, I am agreeing that my child can participate safely in this camp which has a staff to camper ratio of 1:5. I understand that staff is First Aid certified but cannot administer medications. I understand that camp is from 8:00am to 12:00pm, Monday through Friday of the elected week marked below. I understand that my child can be dropped off as early as 7:45am and must be picked up no later than 12:15pm or I will be charged $1 per minute for late pick-up.  Parent Printed Name: Click or tap here to enter text.Parent Signature: Click or tap here to enter text.Date: Click or tap to enter a date.  I am registering for the camp session below:  June 14-18 (Elementary Children)  July 12-16 (Middle School Children)  July 19-23 (High School Children)  Please list any activities that your child cannot participate in, including a brief explanation: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| PARENT/GUARDIAN INFORMATION: | | | |
| Parent/Guardian Name: Click or tap here to enter text. | | | |
| Address: Click or tap here to enter text. | | | |
| Primary Phone #: Click or tap here to enter text. | | Email: Click or tap here to enter text. | |
| Please provide the information requested below regarding your child, as it may be needed in case of an emergency. | | | |
| Allergies (please list any food, medicine, other): Click or tap here to enter text. | | | |
| Conditions requiring special consideration (medical/physical): Click or tap here to enter text. | | | |
| Does your student require: (A) **Epipen** Yes □ No □ (B) **Inhaler** Yes □ No □ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): Click or tap here to enter text. | | | |
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| Secondary contact name: Click or tap here to enter text. | | Relationship to student: Click or tap here to enter text. | |
| Primary Phone #: Click or tap here to enter text. | Work Phone #: Click or tap here to enter text. | | Cell Phone #: Click or tap here to enter text. |
| Additional contact person: Click or tap here to enter text. | | Relationship to student: Click or tap here to enter text. | |
| Primary Phone #: Click or tap here to enter text. | Work Phone #:Click or tap here to enter text. | | Cell Phone #:Click or tap here to enter text. |
| By signing below, I give permission for any contact listed on this form to be called in the case of emergency. I also give my permission for any listed contact to pick up my child from camp. | | | |
| Parent Signature: Click or tap here to enter text. | | Date:Click or tap to enter a date. | |
| Emergencies:  If the above-named child requires any emergency medical treatment or procedures during the camp activities, I hereby consent to and authorize the camp supervisor(s) to make any decision and take any action to arrange for such procedures or treatments at the discretion of the activity supervisor(s).  Parent/Guardian Signature: Click or tap here to enter text. Date: Click or tap to enter a date. | | | |
| additional health information: (Please initial next to each statement indicating your agreement.)  Click or tap here to enter text.My child is up-to-date on immunizations. A record of these immunizations are kept at my child’s school. My child’s school is Click or tap here to enter text.. | | | |
| Click or tap here to enter text.I understand Covid-19 is a serious risk factor. I understand Austin in Action staff will make diligent efforts to minimize risk of exposure by requiring a temperature check of all campers when checking into camp, confirming with caregivers daily that a child has not been exposed to Covid-19 recently or is experiencing any symptoms of Covid-19. I understand that all staff and campers will be required to wear a mask during camp except during swim activities. While staff will encourage and remind campers to wear a mask, if my child refused multiple times, I understand that I may be asked to pick my child up from camp. | | | |
| RELEASE:  I release and waive, and further agree to indemnify, hold harmless or reimburse Austin in Action, the individual members, agents, employees and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities (including all forms of transportation) or the rendering of emergency medical procedures or treatment, if any.  Parent/Guardian Signature: Click or tap here to enter text. Date: Click or tap to enter a date.  Additional Information. Please list any other information you believe is pertinent to your child’s participation in Austin in Action Summer Camp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  T-Shirt Size for camper.  Small, Medium, Large, Extra Large, Other Click or tap here to enter text.  I, Click or tap here to enter text., the parent/guardian, hereby attest that I have carefully read this Registration, Consent, Authorization and Release form, understands its contents, and agree to its terms and conditions.  Parent Signature: Click or tap here to enter text. Date: Click or tap to enter a date. | | | |

\*For questions or feedback: email [julia@hummingbirdtherapyservices.com](mailto:julia@hummingbirdtherapyservices.com) or call Carrie Hedinger at 512-572-4666,