

ARCHAEOLOGY SUMMER CAMP REGISTRATION FORM

NAME _____ DOB _____ Grade entering in fall _____

ADDRESS _____

PARENT/GUARDIAN _____

HOME PHONE NUMBER _____ CELL _____

WORK PHONE NUMBER _____ E MAIL _____

NAME OF EMERGENCY CONTACT _____ RELATIONSHIP _____

AND PHONE NUMBER _____

List all additional persons who will be picking up your child and phone numbers on back of form.

MEDICATIONS STUDENT IS TAKING _____

KNOWN ALLERGIES TO MEDICATION OR FOODS _____

MEDICAL CONCERNS WE NEED TO KNOW _____

OTHER INFO WE NEED TO KNOW _____

Please tell us how you heard about camp. _____

Send donations to Friends of Tijeras Pueblo, P.O.Box 1916, Tijeras, NM 87059-1916

PERMISSION TO PARTICIPATE, PHOTOGRAPH AND AUTHORIZATION FOR MEDICAL SERVICES

In the event of an accident requiring emergency care, an attempt will be made to contact parents/guardians in advance of medical services being given. If no contact is made, by signing below, the parent/guardian authorizes emergency medical treatment by emergency response or medical personnel.

Participants may be photographed, interviewed, videotaped and/or sound recorded which might be released to the public. By signing below, the parent/guardian authorizes all the above actions.

I AGREE TO THE STATEMENTS ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE

