



## Harrisburg Academy Summer Expeditions Registration Form 2012

### CAMPER INFORMATION

Child's Name \_\_\_\_\_ Date of Birth, Age \_\_\_\_\_

T-Shirt Size (please specify Adult or Youth) \_\_\_\_\_ Grade entering \_\_\_\_\_

Swimming Ability \_\_\_\_\_

Allergies/Medical Conditions/Medicines currently taking \_\_\_\_\_

\_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (in case of emergency, parents will be contacted first)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physicians Phone # \_\_\_\_\_

**WEEKS ATTENDING** (if registering for a partial week please specify which days of the week your child will be attending)

Camp Sessions	Full Week	Partial Week
Week 1 (June 11-15)		
Week 2 (June 18-22)		
Week 3 (June 25-29)		
Week 4 (July 2-6)		
Week 5 (July 9-13)		
Week 6 (July 16-20)		
Week 7 (July 23-27)		
Week 8 (July 30-August 3)		
Week 9 (August 6-10)		



**TERMS AND AGREEMENT**

I hereby grant permission for my child to participate in Harrisburg Academy Summer Expeditions program as described, including swimming and traveling on trips. I understand Harrisburg Academy may deny enrollment or dismiss any student whom it considers not to be participating properly in the program. I also understand that any of the programs receiving an insufficient registration may be cancelled.

In the event of an emergency requiring immediate medical treatment, I understand that the staff of Harrisburg Academy will try to reach me by using the telephone numbers listed on this form. In the event that I cannot be reached, I authorize treatment by appropriate personnel as approved by Harrisburg Academy staff.

We understand and accept the need for Harrisburg Academy to be fully informed as to the physical and mental health of the enrollee. Failure to disclose such essential information at the time of enrollment or upon the request of Harrisburg Academy can be cause for disenrollment. Harrisburg Academy pledges to respect the confidentiality of such information and to use it only for professional purposes.

I understand that unless I give the Academy written notice to the contrary, by signing this Harrisburg Academy Summer Programs Terms & Agreement document, I am granting permission: (a) for the Academy to use information, photos, and video of and/or prepared by the above-named student on the Web and in Academy publications and to share that material with newspapers, magazines, and radio/television media as appropriate; and (b) for the Academy to use information, photos, and video of and/or prepared by the above-named student in social media applications (including but not limited to Facebook, Twitter, Flickr, YouTube, and other web-based communication tools). By signing this Agreement, I irrevocably release Harrisburg Academy, its successors and assigns, and those acting with its permission and upon its authority, from any liability, responsibility, or claim that may arise by reason of exercise of the authority granted above.

**RELEASE STATEMENT**

In consideration of the acceptance of the camper for enrollment in Harrisburg Academy Summer Programs, I hereby release and discharge Harrisburg Academy, its agents, employees, and officers from any claims, demands, actions, judgments, and executions which the undersigned, as a parent or guardian of the camper, ever had or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have or claim to have against Harrisburg Academy, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the camper's enrollment in Harrisburg Academy Summer Expeditions program.

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPOSIT & PAYMENT**

***\*A DEPOSIT OF \$50 FOR EACH WEEK A STUDENT PLANS TO ATTEND HARRISBURG ACADEMY SUMMER CAMP IS DUE WITH THIS FORM.*** The remainder is due before the start of each program. This deposit is non-refundable unless the student is not accepted or the program is cancelled.