



Young Explorers Camp Registration Form
June 4-8, 9 AM – 4 PM \$200

PERSONAL INFORMATION (please print):

Student's Name: _____ Grade Entering: _____ Age: _____

Date of Birth: _____ Gender: _____ Weight: _____ Height: _____

Home Address: _____

City: _____ Zip: _____

Mother/Guardian: _____ E-Mail: _____

Home Ph#: _____ Work: _____ Cell: _____

Father/Guardian: _____ E-Mail: _____

Home Ph#: _____ Work: _____ Cell: _____

In case of emergency, if unable to reach parent(s)/guardian(s), please contact:

Name: _____ Relationship to student: _____ Phone: _____

HEALTH INFORMATION:

Please specify any known medical conditions, including allergies: _____

Appliances, including contact lenses, glasses, braces: _____

Is student on daily medications of any kind, either at home or at school? If so, please list each medication:

INSURANCE INFORMATION:

Name of Insured: _____ Policy #: _____ ID# _____

Insurance Carrier: _____ Address: _____

AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND TREATMENT:

Authorization is hereby granted by the undersigned to University School of the Lowcountry representatives or agents of University School of the Lowcountry (hereinafter collectively referred to as University School), under any circumstances considered by University School to be an emergency to arrange to transport by emergency medical personnel the above-named student to any hospital and to agree to and sign for any emergency medical treatment deemed necessary. The undersigned further agrees to pay for all medical expenses associated with such emergency medical treatment, and further releases from liability and agrees to hold harmless University School from any and all suits, claims, causes of action, or demands of any kind or character whatsoever arising from any damage, injury, or death occasioned at University School or activities under its supervision, and during travel for emergency treatment as authorized under this release or at the hospital, clinic, or physician's office during treatment.

This authorization includes the administration of such anesthetics, transfusions, intravenous medications, oral medications, and the performance of such diagnostic studies, including X-ray examinations and operative (surgical) procedures as advised by a duly

licensed surgeon or physician chosen by University School if it is not possible to contact the parents/guardians or the physicians listed in this document.

If such an emergency arises where treatment at a hospital, clinic, or physician's office is necessary, please contact the following:

PARENT SIGNATURE: _____ DATE: _____



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Photo Release

I hereby give permission for my child to be photographed during the **University School of the Lowcountry Young Explorers Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of University School of the Lowcountry and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **University School of the Lowcountry Young Explorers Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

By signing this document, you hereby release, waive and further agree to indemnify University School of the Lowcountry, its Board of Trustees, and its agents, employees and representatives from any and all claims, liabilities and expenses, including attorney's fees, for any losses, damages or expenses relating to injuries sustained by your child and arising out of or during any trip or activity. Notwithstanding the foregoing, this release, waiver and indemnity shall not apply in the case of negligence on the part of University School.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____