



Summer Enrichment Camp Application

2500 Elmwood Avenue
Columbia, SC 29204

June 2, 2013 – August 14, 2013

PRINT ALL INFORMATION.
USE A SEPARATE FORM FOR EACH CHILD

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth: ____/____/____ Age _____ Gender: M () F ()

Grade _____ School _____

Custodial Parent/Guardian

Home Phone _____
Cell Phone _____
Work Phone _____
Email _____

Custodial Parent/Guardian

Home Phone _____
Cell Phone _____
Work Phone _____
Email _____

Person Designated to Pick Up Child

Relationship _____
Home Phone _____
Cell Phone _____
Work Phone _____
Email _____

Emergency Contact Other Than Parent

Relationship _____
Home Phone _____
Cell Phone _____
Work Phone _____
Email _____

Printed Name of Parent/Guardian

Date:

Signature of Parent/Guardian

NO PERSONAL CHECKS
CASH OR MONEY ORDERS ONLY

MEDICAL RELEASE

Effective Dates: June 2 2013 – August 14, 2013

Name _____ Birth Date _____ Age _____
Grade _____ E-mail _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Mother's Name _____ Work Phone _____ Cell Phone _____
Father's Name _____ Work Phone _____ Cell Phone _____
Emergency Contact _____ Work Phone _____ Cell Phone _____
Physician _____ Office Phone Number _____
Medical Insurance Company _____

Medical History

Asthma _____ Epilepsy/Seizure _____ Sinusitis _____ Stomach Trouble _____ Heart Trouble _____ Glasses _____
Contacts _____ Diabetes _____ Kidney Trouble _____ Asthma/Bronchitis _____ Nose Bleeds _____

Allergies

Food _____ Insect Stings/Bites _____

NOTE: The Edgewood Foundation's staff can't administered medication at the Summer Enrichment Camp

Should this child's activities be restricted for any reason? _____

PARENTAL INFORMATION AND CONSENT

I grant permission for my child to participate in all activities, including field trips, during Edgewood Foundation's Summer Enrichment Camp from June 2, 2014 to August 14, 2014. My permission is hereby granted to obtain medical attention deemed necessary by Edgewood Foundation's staff, authorities and/or medical facility.

Parent/Guardian Signature _____

Print Name _____ Date _____

Authorization for treatment (for campers under 18)

I understand that every attempt will be made to contact me in the event of an emergency involving my child. I grant permission for Camp Pinnacle's medical personnel to secure emergency treatment and provide transportation for my child. Further, I hereby grant my permission for a physician selected by the Camp Director and/or Camp medical personnel, to examine, order necessary tests, and/or x-rays, treat and if necessary, hospitalize the person named above.

Parents /Guardian Signature:_____

Video/Photo Release (for campers under 18)

I understand during Edgewood Foundation Summer Enrichment Camp, activities, my photograph and /or the photograph of my child may be taken by Edgewood, media or sponsor photographers. I agree that my child's likeness may be used without charge.

Parent /Guardian Signature _____