



Diman Regional Vocational Technical High School 2019 Culinary Wellness Camp Registration Form

Camper Name:

First _____ Middle _____ Last _____

Gender: Male __ Female__ FTM: __ MTF: __

School Name _____ Grade _____ Birth date ____/____/____

Age as of July 31, 2019: _____

Street Address: _____

Town/City _____ State _____ Zip code _____

Child's Home Phone _____

Parent/Guardian – Emergency Contact Information

Mr. /Mrs. /Ms.

First _____ Last _____

Relationship to Camper: _____

Street Address: _____

Town/City _____ State _____ Zip code _____

Cell Phone: _____ Home Phone: _____ Email: _____

The following individuals are authorized to pick-up my child from camp: 1.) _____

2.) _____ 3.) _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medications/ dosage/ interval

Medical Condition

Hospital of choice for transport: _____

Is your child allergic to any type of food or medication?

Yes __ No __ If yes, explain: _____

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Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

Session registering for:

____ Week 1: Monday, July 22 to Friday, July 26

____ Week 2: Monday, 29 to Friday, August 2

Releases

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Greater Fall River Vocational School District and Diman Regional Vocational Technical High School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the **Diman Culinary Wellness Camp**. I understand the photos will be used in reports to our donors 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 Diman Regional.

Parent's/Guardian's Initials _____

Liability Release and Parental Consent Form

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance the GFRVSD and Diman Regional, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Parent's/Guardian's Initials _____