



## Techie Camp Registration

### Parent/Guardian Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone:   (    )   \_\_\_\_\_

Mobile Phone:   (    )   \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Child Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Gender: \_\_\_\_\_ Ethnicity (for reporting purpose only): \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade for 2019-2020: \_\_\_\_\_

School District: \_\_\_\_\_

Special Consideration Notes: \_\_\_\_\_  
*Please state all learning challenges, allergies (medication, food and other), restrictions (dietary, activity and other) and other special consideration information.*

### Camp Location & Date

### Emergency Contact Information (If different from Parent/Guardian)

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone:   (    )   \_\_\_\_\_

Alternate Phone:   (    )   \_\_\_\_\_

Relationship: \_\_\_\_\_

## Medical Emergency Information

Health Insurance Provider: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_

Preferred Doctor/ Hospital Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

### Emergency Transportation Authorization

<u>Give Permission to Transport</u>	<b>OR</b>	<u>Do Not Give Permission to Transport</u>				
TECH CORPS has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	<b>OR</b> Do not sign both	TECH CORPS does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Parent Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> </table>	Parent Signature	Date		<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Parent Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> </table>	Parent Signature	Date
Parent Signature	Date					
Parent Signature	Date					

### Terms of Service

I agree to the Terms of Service: \_\_\_\_\_  
Signature

Date