

Thomson Middle School



June 1-3, 2015

Please print or type.

Name of Camper: _____ Female Male
LAST FIRST MIDDLE

Nickname, if preferred: _____ Age: _____ Grade Level: _____
(completed as of May 2015)

Address: _____
STREET
CITY STATE ZIP

Current School Attending : _____

Name of Parent/Guardian: _____
(Will receive camp communication) LAST FIRST RELATIONSHIP

Telephone Number: HOME (_____) _____ - _____ CELL (_____) _____ - _____

Email Address: _____

Best way to contact you? (circle one)	Home Phone	Cell Phone	Email
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EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

REGISTRATION IS FIRST COME, FIRST SERVED and forms will be accepted through May 21, 2015.

You may turn in forms and payment at Thomson Middle School (c/o Mrs. Ferguson).

By submitting the registration form, I agree that my child will attend the 3-day STEM camp and I will pay the camp fee \$55 (Early Bird- \$40). I understand that my child's spot is not reserved until payment is received in full by May 21, 2015.

No refunds will be given after May 15, 2015. Please contact Leshan.Ferguson@hcbe.net for more information.

Special Dietary Restrictions or Special Requests: _____

Important Medical Information (allergies, diagnosed health conditions, medications taken every day, etc.):

Name(s) of people authorized to pick-up the camper: (Attach separate sheet if necessary.)

_____ Telephone Number _____

_____ Telephone Number _____

Late Pick-up Policy

- If a parent or authorized pick-up person does not arrive or call by 10 minutes past the designated pick-up time, TMS staff will assume an emergency exists and will begin to call emergency contacts for your child.
- If no emergency contact can be reached within 15 minutes past the designated pick-up time, TMS staff may contact the Centerville Police Department who will pick up the camper.
- If a child is picked up late more than 2 times, disregard for the pick-up time is cause for the child's termination from the program and no portions of the registration fee will be refunded.

Participation Agreement:

I wish to participate in TMS's STEM Boot Camp. I agree to follow all the rules of the program. I will do my best to participate with a positive attitude, learn as much as I can, and respect myself, the staff, and other campers at all times.

_____ **Camper's Signature**

_____ **Date**

My child is participating in TMS's STEM Boot Camp with my consent. It is understood that the utmost precautions will be taken to ensure his/her safety. I will not hold Thomson Middle School responsible for injuries sustained. I give my consent for my child's name, voice, photograph, image, or likeness to be used by Thomson Middle School for any purpose in connection with the promotion or fundraising of Thomson Middle School. I give my consent for Thomson Middle School staff and volunteers to obtain emergency first aid treatment for my child. I authorize Thomson Middle School to arrange transportation as needed.

_____ **Parent/Guardian Signature**

_____ **Date**

**If you have questions, contact 478-953-0489 office, 478-953-0484 fax, or
Leshan.Ferguson@hcbe.net**

THANK YOU for registering for the TMS's STEM Boot Camp!