



2019 POETRY CAMP REGISTRATION FORM

JUNE 24-28, 2019 ● 8:30am - 3:30pm

Camper(s) Name _____

Age _____ **Entering Grade** _____ **School** _____

Parent/Guardian Name(s) _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Email(s) _____

Emergency Contact _____ **Phone** _____

T-Shirt Size (specify child or adult size) _____

Please explain any special needs, allergies, food allergies or related concerns:

MEDICAL RELEASE Please check the appropriate box(es):

- My child has a medical condition.
- My child takes a medication.
- My child has no medical condition or medication that Woodland Pattern needs to be aware of.

If your child has a medical condition or takes medication, please explain below:

**All medications brought to camp must be in a medicine bottle with a label that includes camper's name, doctor's name & phone number, medication name, and dosage. All medications must be self-administered. Woodland Pattern Poetry Camp staff cannot administer daily medications.*

MEDICAL EMERGENCY

I will be contacted in the event of a medical emergency. In the event that I cannot be reached I hereby authorize **WOODLAND PATTERN BOOK CENTER** or their appointed representative to sign for care.

- I have read and agree to the terms stated therein

LIABILITY WAIVER

As a condition of my child's participation in Poetry Camp, I hereby release and hold harmless **WOODLAND PATTERN BOOK CENTER**, all participating organizations, and field trip locations, and all of their respective employees, agents and representatives, from and against all claims, damages and other liabilities whatsoever, including but not limited to personal injury, illness, property damage, or theft which relate in any way to my child's participation in Poetry Camp.

- I have read and agree to the terms stated therein

MEDIA RELEASE

I hereby consent that any photographs, video, audio recordings or writing samples of my child(ren) may be used by **WOODLAND PATTERN BOOK CENTER** for marketing purposes, informing the community, or reporting to funding contributors of Woodland Pattern Programs.

- I have read and agree to the terms stated therein

FIELD TRIP CONSENT

My child(ren) has permission to attend daily the field trips.

- I have read and agree to the terms stated therein

Signature _____ Date _____

IMPORTANT CAMP INFORMATION:

- **Parents are responsible for dropping off students at 8:30 in the morning and picking them up at 3:30 in the afternoon.**
- Breakfast, lunch, supplies, and field trip admissions will be provided.
- **Please remember your child(ren) will perform on June 28, the last day of camp, from 3:30 to 4:00pm.** We hope you and your family/family friends will attend this wonderful event.

Questions? Please contact Alexa Nutile, Education Director,
at alexan@woodlandpattern.org or 414-263-5001.

Thank you for your participation and consent!