

ALFRED UNIVERSITY
Elementary Engineering Day Camp
REGISTRATION FORM

Registration Deadline – June 24, 2011

Camp Fee: \$150

To be completed by parent or guardian. Type or print clearly in ink only. Fill in all sections. Your \$150/week payment must accompany this form. **Incomplete or illegible forms cannot be accepted.** If registering more than one camper, please use a separate form for each. (Sorry, no financial aid or scholarships are available for campers participating in this program.)

Please indicate camp session: Morning Session - grades 1-3 (9:00 a.m.-12:00 p.m.)
 Afternoon Session - grades 4-8 (12:30-3:30 p.m.)

Camper's Name: _____ Preferred First Name for Nametag: _____

Home Address: _____
Street City State Zip

Phone (number to call weekdays, between 8:30 a.m. and 4:30 p.m. if we have questions): _____
(area code)

E-mail (to contact with questions): _____ Birth Date: _____ Age: _____

HEALTH HISTORY & EMERGENCY INFORMATION

Personal Medical History: Has he/she had any of the following? Please check all that are applicable.

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Malignancy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Hives | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Tonsillitis | _____ |
| <input type="checkbox"/> Psychiatric Care | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pneumonia | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional Disorders | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Tuberculosis | |

Allergies: Any allergies yes no If yes, what is he/she allergic to? _____

EMERGENCY INFORMATION:

Parents'/Guardian's Name(s) _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Please list an additional person to contact in case of an emergency if you cannot be reached:

Name: _____ Relationship to Student: _____

Home/Cell Phone: _____ Work Phone: _____ email: _____

Student's Regular Physician (*primary care provider*): _____

Physician's Phone: _____

(Please be sure to complete the second page of this form, as well.)

Health Insurance Information (If possible, please enclose a photo copy of your insurance card):

Name of person listed as primary insured on the insurance card: _____

Insurance Company: _____ Policy Number: _____

Are there **any special precautions** that must be considered in treating the participant in the case of an emergency (allergies to medicines, diabetes, contact lenses, etc.)? yes no

If yes, please explain: _____

Permission to Attend Camp, be Photographed & to Receive Medical Treatment

I, the undersigned parent or guardian, do hereby grant permission for my child (named above) to participate in a summer program at Alfred University.

I give permission for my child to be photographed while participating in camp activities for publicity purposes (some photos will be selected for use on our website and flyers): yes no

I do hereby grant permission for my child to receive necessary medical treatment in the event of injury or illness while attending a summer program at Alfred University. I accept responsibility for full payment of such medical treatment. I will not hold the University, the Student Health Center, hospital, and/or their representatives responsible in the exercise of this authority.

SIGNATURE of parent or guardian

PRINT name of parent or guardian

Method of Payment

To complete the registration process, please return this form with your payment to the Office of Summer Programs, Alfred University, Saxon Drive, Alfred, NY 14802 so we receive it no later than June 24th. Make checks payable to "Alfred University." Credit cards are also accepted (see below).

My check in the amount of \$_____ is enclosed.

Please charge my credit card: VISA MasterCard AMEX Discover

Card Number: _____ CVV number: _____ Expiration Date: _____
(3 digit code on back of card)

Amount: \$ _____

Authorized signature: _____ Name on card: _____

Cardholder's Address: _____

(Please note: Faculty and staff of Alfred University are entitled to a discount of \$20 per child.)