

# SVK Summer Camp Registration Form

Camper's Full Name	Date of Birth	Grade	School
Address			
Primary Phone Number	Child lives with: <input type="checkbox"/> 1 <sup>st</sup> parent <input type="checkbox"/> 2 <sup>nd</sup> parent <input type="checkbox"/> Both <input type="checkbox"/> Other: _____		

## First Parent:

Full Name	Phone Number	Email
Address (if different from camper's address)		
Place of Employment	Work Phone	

## Second Parent:

Full Name	Phone Number	Email
Address (if different from camper's address)		
Place of Employment	Work Phone	

Please share anything else you would like us to know about your camper:

Emergency Contact #1	Relationship to Camper
Address	Phone Number

Emergency Contact #2	Relationship to Camper
Address	Phone Number

Name and phone number of person(s) other than parents allowed to pick up your child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

**Any special instructions such as custody agreements or restraining orders should be attached to this document and discussed personally with the camp director. All information will be kept confidential.**

## PARENT AUTHORIZATION FORM

Saxapahaw Village Kids does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Saxapahaw Village Kids reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period. I understand and accept these guidelines.

Parent/Guardian's Signature: \_\_\_\_\_

I give Saxapahaw Village Kids permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Saxapahaw Village Kids and can be used for promotional purposes without notification.

Parent/Guardian's Signature: \_\_\_\_\_

I give permission for my child to participate in off-premises activities including working in the garden, walking in the woods behind the playground, and walking around the village of Saxapahaw.

Parent/Guardian's Signature: \_\_\_\_\_

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: \_\_\_\_\_

Hospital preferred \_\_\_\_\_

By signing below, I agree to adhere to all the policies and procedures set for by Saxapahaw Village Kids.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL INFORMATION FORM

**Please print all information clearly.**

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Pediatrician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Date of last physical \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Medical conditions \_\_\_\_\_

List of past medical treatments \_\_\_\_\_

\_\_\_\_\_

List all current medications: \_\_\_\_\_

**Allergies:** (Please put N/A if your child does not have an allergy)

Food \_\_\_\_\_

Medication \_\_\_\_\_

Insect \_\_\_\_\_

Other \_\_\_\_\_

Does your child require an Epi-pen? \_\_\_\_\_ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific activities to be restricted for health reasons: \_\_\_\_\_

\_\_\_\_\_

I confirm that the information submitted in these forms is true and accurate to the best of my knowledge.

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTODRAFT AUTHORIZATION FORM

FOR OFFICE USE ONLY	ACCT:	DATE ENTERED:
Effective date of: ____/____/_____ Name of child: _____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change bank information		
Last Name	First Name	
Address		
City	State	Zip
Email		
<b>Authorized Payments:</b> Registration and Supply Fee: \$75 to be drafted on: ____/____/2026 Tuition Payment #1: \$750 to be drafted on 06/01/2026 Tuition Payment #2: \$750 to be drafted on 07/01/2026		
<input type="checkbox"/> Check here if you would like to purchase an SVK Camp T-Shirt for your camper for an additional \$30 (added to Registration/supply fee).		
T-Shirt Size (circle one):      Youth Small      Youth Medium      Youth Large		
Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Account Number: _____ 	
I authorize the above organization to process debit entries to my account.  Authorized Signature: _____      Date: ____/____/_____		

If using a checking account, please attach a voided check to this page.