

SUMMER CAMP REGISTRATION FORM

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ADDRESS: McCallum HS 1500 Sunshine Drive, Austin TX 78634

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

CAMPER'S INFORMATION HERE

1 CAMPER INFORMATION:

Name (First & Last): _____
Email Address: _____ How many years has camper attended camp at Frost Valley? _____
Street Address: _____ City: _____
State: _____ Zip/Postal Code: _____ County: _____ Country (if outside USA): _____
Home Phone: _____ Date of Birth: _____ Age at time of camp: _____ Grade entering this Fall: _____
List any Allergies and Dietary Restrictions: _____
T-shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

YOUR INFORMATION HERE

2 PARENT #1/GUARDIAN #1 INFORMATION: (all correspondence and invoices will be sent to this person)

Name (First & Last): _____ Date of Birth: _____ Occupation: _____
Email Address: _____
*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "daycamp@frostvalley.org" to your address book to ensure delivery. Your email is confidential information.
Street Address: _____ City: _____
State: _____ Zip/Postal Code: _____ County: _____ Country (if outside USA): _____
Home Phone: _____ Second Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship to Camper: Mother Father Guardian Other: _____ Custodial Parent? Yes No

3 EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or bus location at the end of a session in the event that you are unable to do so.

Name: _____	Name: _____	Name: _____
Relationship to Camper: _____	Relationship to Camper: _____	Relationship to Camper: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Cell/Work Phone: _____	Cell/Work Phone: _____	Cell/Work Phone: _____

4 SELECT SESSION

Session 1 _____ Session 2 _____

5 PAYMENT INFORMATION \$695 - We currently only accept checks or money orders

Make payable to McCallum Cinematic Arts - Check # _____

6 SIGN HERE

Signature of Parent or Legal Guardian

Date

9

SIGN HERE

Signature of Parent or Legal Guardian

Date