



Coast Episcopal School PRESCHOOL Camp Gumbo 2017

Parents: All camp fees must be paid by the first day of Camp.

Please also return this sheet to CES by the first day of Camp.

Camper Information

First Name: _____

Last Name: _____

Date of Birth: _____

Parent Information

Parent/Guardian Name: _____

Address: _____

Phones: _____

Email: _____

Emergency Contact Name: _____

Phones: _____

Pick-up/Sign-out Person 1: _____

Phones: _____

Pick-up/Sign-out Person 2: _____

Phones: _____

Camper Name _____

Additional Information

Special Needs/Allergies: Please list any information concerning the child's growth and development, special needs and/or allergies, including sunscreen and antibiotic allergies:

Please any medications your child is on:

My child has received all required immunizations (Please bring a copy of up-to-date immunization record) (circle one) **Y N**

Coast Episcopal School has my permission to obtain medical treatment for my child. (circle one) **Y N** (If no, please list instructions)

Media Waiver

I do hereby give Coast Episcopal School his/her assigns, licensees, and legal representatives the irrevocable right to use my child's name, picture, portrait or photograph in all forms and media (electronic and print) for advertising, trade or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I have read this release and am fully familiar with its content.

Parent/Guardian Signature: _____

Date: _____

Activity/Field Trip Consent

I am the parent or legal guardian of a child listed above who attends Coast Episcopal School Summer Camp Gumbo located at 5065 Espy Avenue in the City of Long Beach, County of Harrison, and State of Mississippi, and as the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities and field trips provided by this school and to be transported to and from the school for such activities.

Parent/Guardian Signature: _____

Date: _____