

**Lockhart ISD Community Education
Summer Program 2022**

Lions Adventure Camp Registration Form

Child's Name _____

Age _____ Date of Birth _____ Grade Entering in Fall 2022: _____

ENROLLMENT

Please check the full day, half day morning or half day afternoon option for each week of camp child is attending.

Week	Date	Full Day (7 am – 6 pm) <input type="checkbox"/>	Half Day Morning (7 am – 1 pm) <input type="checkbox"/>	Half Day Afternoon (12 noon – 6 pm) <input type="checkbox"/>
1	June 6 - 10			
2	June 13 - 17			
3	June 20 - 24			
4	June 27 – July 1			
XXX	JULY 4 - 8	NO CAMP	NO CAMP	NO CAMP
5	July 11 - 15			
6	July 18 - 22			
7	July 25 - 29			

Mother's Name _____
Mailing Address _____ City/St/Zip _____
Residence Address (if different than mailing) _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____ Email Address _____

Father's Name _____
Mailing Address _____ City/St/Zip _____
Residence Address (if different than mailing) _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____ Email Address _____

Emergency Contacts and Persons Authorized to Pick Up Your Child (must be at least 18 years of age):
If parent cannot be reached, who can pick up or take responsibility for your child? Local contacts only, please.

Name _____ Relationship _____
Home Phone _____ Work Phone _____
Cell Phone _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____
Cell Phone _____

Child's Name: _____

May we give your child acetaminophen (Tylenol) for fever 100.2 or greater? Yes ____ No ____

List any health restrictions or special needs (allergies, vision, hearing, etc).

Is child on any regular medication? Yes ____ No ____ Name of medication _____

Will this medication need to be given during our program hours? Yes _____ No _____

(If yes, medication administration paperwork will need to be completed)

NAME OF MEDICATION

EXACT DOSAGE

INTERVALS

Any condition present that might result in a medical emergency?

Any comments which will help us to better understand your child?

CONSENT TO TREAT A MINOR

Family Doctor _____ Telephone _____

Hospital Preference _____ City _____

In case of accident or serious illness, I request a school district employee contact me. I hereby authorize school personnel to call EMS to receive emergency treatment deemed necessary. This procedure is to be carried out in any instance of injury or severe illness wherein school authorities feel that my child's condition warrants such action. Further, I agree to assume the cost of such emergency care both to the receiving hospital, attending physician and EMS services.

Signature _____ Date _____
(Parent/Legal Guardian)

PARENT/GUARDIAN AGREEMENTS (please initial for acknowledgement)

_____ I agree to comply with all policies in the Lockhart ISD Community Education Lions Adventure Camp Information Guide.

_____ I grant permission to use photographs taken of my child in the local newspaper and the Lockhart ISD school district website and social media outlets. Yes ____ No ____

_____ I grant permission for the Lions Adventure Camp to transport my child for field trips or special activities away from the site, with prior notification. Yes ____ No ____

_____ I understand the Lions Adventure Camp is a voluntary program and excessive discipline incidences may be cause for suspension and/or termination of services.

_____ Daily absences will not result in a credit or refund. Refund for withdrawals will be handled on an individual basis.

_____ Open swim time is available to those students who can swim. My child knows how to swim and has permission to attend open swim with the camp program. Yes ____ No ____
If you checked yes, which area of pool may the child swim in: Shallow end ____ Deep end ____