REGISTRATION FORM FOR _____

Please complete and return this form to the address specified for the specific site (see registration details online).

Camper's Name_____ Age Grade in fall M ◯ F ◯
Camper's Name_____ Age Grade in fall___ M ◯ F ◯
Address:_____
School:_____Birthdate:_____
Mother's Name_____ Ph.# (Day)_____ (Eve.)_____
Father's Name_____ Ph.# (Day)_____ (Eve.)_____
Emergency contact: name & #_____
Physician_____
List any physical limitations/restrictions, allergies, medications, or medical conditions to be aware of _____
Date of last tetanus shot: Surgeries in the past year:
Campers' T-shirt size: Youth ☐ 6-8 ☐ 10-12 ☐ 14-16 Adult ☐ S ☐ M ☐ L ☐ XL
E-mail address _____
Have you attended a DaVinci Camp before? ◯ Yes ◯ No
If Yes, where & what theme?_____
How did you hear about this camp? ☐ Portland Press Herald Camp Guide
☐ Parent & Family Magazine ☐ Forecaster ☐ camp fair ☐ bulletin board ☐ friend
☐ other _____

Participant's Name(s)	Theme	Dates	# of children	Fee
			Before and after care	
			SUBTOTAL	$0.00
			Applicable Discounts (use negative amount ex. -$10)	
			TOTAL FEE	$0.00

Enclosed is my deposit or full fee _____
Balance due June 1st _____

WAIVER: I hereby give permission to the aforementioned child/children to participate in The DaVinci Experience Camp programs. I hereby agree to release, discharge, indemnify and hold the site, The DaVinci Experience and their agents and employees harmless from any liability claims, demands, costs or damages arising out of said program activities which my minor child/children may sustain during his/her participation. Permission is hereby granted for my child/children to receive emergency medical treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore I certify that my child/children is in excellent health and that there is no limit to his/her participation except as stated in writing on this form. DaVinci Experience is given permission to use your child's photo in promotional materials. I have read this document carefully and signed it voluntarily with full knowledge of its significance.

_____ _____
Parent/Guardian Signature Date

Print