

**MAGPIE3X3 CLAY CAMP REGISTRATION FORM**

PLEASE PRINT LEGIBLY

<b>Days Enrolled</b>	<b>Email address</b> (To receive important program updates and registration information)
----------------------	--

**1<sup>st</sup> CHILD**

First name	Middle initial	Last name	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Race <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan <input type="checkbox"/> Native Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Physical conditions/special needs			Medications/allergies		
To better serve your child, please indicate if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's <input type="checkbox"/> Fragile X <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tourette's <input type="checkbox"/> Rhett Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Other					
Does this child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**2<sup>nd</sup> CHILD**

First name	Middle initial	Last name	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Race <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan <input type="checkbox"/> Native Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Physical conditions/special needs			Medications/allergies		
To better serve your child, please indicate if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's <input type="checkbox"/> Fragile X <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tourette's <input type="checkbox"/> Rhett Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Other					
Does this child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**1st PARENT/GUARDIAN**

Name	Relationship to child	Date of birth / /
Address	City	State Zip
Home phone	Cell phone	Work phone Employer

**2nd PARENT/GUARDIAN**

Name	Relationship to child	Date of birth / /
Address	City	State Zip
Home phone	Cell phone	Work phone Employer

**INSURANCE INFORMATION**

Health insurance company	Policy number
Name of physician	Physician phone

**PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY.**

Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick-up.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

I have the legal authority to sign up the child/children named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. There may also be times when Magpie3x3 may take photographs (or other digital images) of students participating in activities. Those images may appear in Magpie3x3 publications, including electronic publications. By signing this form, I am giving permission to Magpie3x3 to use my child(s) image for the purposes listed above. I understand that this release may be revoked by me at any time by written request.

Signature	Date Signed
-----------	-------------