



Phoenix Charter School

3131 NE Diamond Lake Blvd, Roseburg, OR 97470 / phone: 541-673-3036 / web: www.roseburgphoenix.com

EARTH CONNECT SUMMER CAMP REGISTRATION FORM June 28 to August 5, 2021

Please print clearly and complete all of the sections of this form. Please return completed registration form and immunization records to Phoenix Charter School, Attn: Rachel Johnson (<mailto:healthyfutures@roseburgphoenix.com>) to secure your child's enrollment in the EarthConnect Day Camp.

Participant Information

Participant's First Name: _____ Last Name: _____

School and Grade attending in the Fall 2021: _____

Gender: Male Female Non-binary, gender fluid

Address: _____

Any Known Allergies: _____

Contact Information

Parent/Guardian 1 Name: _____

Email: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____

Email: _____ Cell Phone: _____

The School will make every effort to reach a parent/guardian list in case of emergency. However, if we are unable to reach a parent/guardian, please list at least one other local contact person other than parent(s):

Emergency Contact Name: _____ Relationship to Participant: _____

Daytime Phone: _____ Cell Phone: _____

Physician Name: _____ Phone: _____

Permission to Participate

I am the parent/guardian of the child named above who is registering for the Phoenix Charter School Day Camp Program. Please initial first and last name

_____ **I understand my child will be participating in planned daily activities on-site.**

_____ **I understand that if my child is sent home at any time during a day camp or a field trip due to disciplinary reason, he/she may, at the discretion of Program Director(s), lose privileges to attend some or all future camps and/or field trips.**

_____ **I understand that the Day Camp Program runs from 9:00 am – 1:00 p.m. Monday – Thursday (with drop-off and breakfast starting at 8:30am).**

_____ **I understand that I may not leave my child at the camp before 8:30 a.m. and that he/she must be picked up, no later than 1:00 p.m unless other transportation has been communicated with the camp Director/s.**

_____ **I understand my child must comply with COVID-19 guidelines and that refusal/failure to do so may result in being sent home and losing privileges to attend the remainder of camp.**

Waiver and Release

I recognize the risks of illness and injury inherent in any program and participating in the Phoenix Charter School Summer Camp Program upon the express agreement and understanding that I am hereby waiving and releasing Phoenix Charter School and it’s agents, representatives, instructors and any else acting in furtherance of its programs, from any and all liability for any injury or condition resulting in his/her participating in the school’s programs.

I authorize Phoenix Charter School Summer Camp to make emergency medical decisions in the event that I cannot be reached in a timely manner. I have read this completely and understand its contents and agree to participation as outlined.

Parent/Guardian Signature _____ **Date** _____

Photo Release

As a parent/guardian of _____, I hereby give the Phoenix School permission for his/her name, picture and/or video to appear in any media prepared for the purpose of promoting their community service efforts. I realize the service that he/she does may merit publication in professional journals and newspapers or broadcast on television. I agree that the Phoenix School have complete ownership of such pictures, etc., and may use them for any purpose consistent with Phoenix School’s mission. I acknowledge that he/she will not receive any compensation for the use of his/her name, pictures and/or video.

I have read and understood this consent and release:

(Print name of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)