



1576 Kelly Drive • Sanford, NC 27330 • 919.776.4048

Camp Registration Form

Additional registration forms available at www.stevenscenter.org or call (919) 776-4048

Date _____

Child's Name _____ Parent/Guardian Name _____

_____ Street Address and Mailing address City State/Zip

Telephone (____) _____ Email Address _____

What school does child attend? _____

Age _____ Birth Date and Year _____ Gender: Male Female

Health Information

Personal Physician _____ Telephone (____) _____

In case of emergency, please contact:

_____ (____) _____
Name and relationship Telephone Number

Special Medical or Disability Concerns None Please specify: _____

Other information we should know that will help us provide a safe and enjoyable experience for your child: _____

Food allergies: _____

Does your child receive special education services in school? ____

If yes, under what label? _____ (NOTE: This information is kept confidential, but helps us know if we are reaching all of our community—youths with and without disabilities)

My Child's photo may be posted/published in the The Sanford Herald, stevenscenter.org, facebook.com/StevensCenter

with my child's name without my child's name I do not want my child's photo posted/published

I understand and agree to abide by the following liability statement:

I understand that Stevens Center activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Stevens Center activities. I further waive, release, absolve, indemnify, and agree to hold harmless the Stevens Center, and its employees, organizers, volunteers, supervisors, officers, directors, participants, as well as, all persons transporting participants to activities, from any legal claims, liabilities, damages, and costs for any physical injury or damage to my personal property sustained during the use of the Stevens Center property and/or my participation in Stevens Center activities.

In the event of an injury, I authorize Stevens Center staff and volunteers to provide first aid and appropriate emergency medical care. I accept responsibility for all emergency medical expenses.

_____ Print Name of Child's Legal Representative Signature Date

Please return this form with the registration fee to Stevens Center, 1576 Kelly Drive, Sanford, NC 27330. (Do not mail cash; make checks payable to Stevens Center.) If you need to be considered for financial assistance, call us at (919) 776-4048.

Activity	Cost	Total
1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	\$ _____