



Registration Form for Handwriting Camp

Child's Name: _____
Parents Name: _____
Phone Number: Home: _____ Cell: _____
Best number to be reached at during camp hours: _____
Date of Birth: ____ / ____ / ____

Emergency Contact: (other than parent)

Name: _____
Home: _____ Cell: _____
Any Pertinent Medical Information: _____
Allergies (including food): _____

WAIVER

_____ (Child's Name) has my permission to participate in NELA Rehab Kids Handwriting Day Camp 2019.

If any emergency medical procedure or treatment is required during the camp, I consent NELA Rehab taking or arranging for transportation to an appropriate facility at his/her discretion if I am unable to be reached.

I, _____ (Parent/Guardian) request that the above-named child be allowed to participate in the camp planned and specifically consent to his/her participation. I agree to release NELA Rehab, and its employees, as well as its approved therapist of any liability relating to the student's participation in the camp, including but not limited to the rendering of emergency medical procedures or treatment.

Parent/Guardian Signature: _____
Date: _____

PAID \$100 Cash _____ Card _____ Check _____

Employee who collected money: _____