

I Present Registration Form

Personal Information:

- Student First name: _____ Last Name: _____
- Date of Birth: _____
- Age: _____
- Grade Rising: _____
- Gender: _____
- Address: _____
- City: _____
- State: _____
- Zip Code: _____
- Parent/Guardian Name(s): _____
- Parent/Guardian Contact Number: _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____
- Email Address: _____

Session Information:

- Camp Session(s) Enrolled: _____
- Siblings Enrolled: _____

Medical Information:

- Known Allergies (food, medication, etc.):

- Dietary Restrictions: _____
- Pertinent Current Medications (if any):

- Pertinent Medical Conditions/Concerns:

- Primary Physician's Name: _____
- Physician's Contact Number: _____

Permissions and Pick-Up Authorization:

- How will the student travel home?
Driving | Pick-Up | Another Student | Other _____
- Authorized Pick-Up Person(s) (Please provide name and relationship):
 1. _____
 2. _____
 3. _____
- Photo/Video Release: I give consent for my teen's photo/video to be taken during camp activities for promotional purposes.
 - Yes
 - No

Additional Information:

- Does your teen have any special needs or accommodations we should be aware of?

- Is there any other information you would like to share with us to ensure a positive camp experience for your teen?

Parent/Guardian Signature: _____

Date: _____

By signing this form, I certify that all information provided is accurate and complete to the best of my knowledge. I understand that this information will be used for the purposes of organizing and ensuring the safety of my teen during their participation in the camp activities at I Present.

Please return this form completed and signed prior to the start of the camp session. Thank you for your cooperation.