

**Summer Day Camp Registration Form  
New Vision Training Center**

Participates Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Additional Class Enrolled In: Day: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please list all persons who are allowed to sign out and pick up your participant.  
Your participant will not be released unless the pick-up person is listed above or  
below on this form.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please indicate all allergies, medical issues, or special needs your participant  
may have. If medication is required during program hours, please see the front  
desk to fill out a medication form.**

Allergies: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**During Summer Day Camp the pool is used as an activity for participants. Please  
indicate below whether or not your participant requires the use of a floatation  
device during swimming.**

Please Circle Yes or No: Floatation Device Required - **Y / N**

**Participants may purchase snacks and drinks during summer day camp. Indicate  
the amount your participant can charge per day and any restrictions to what they  
can purchase.**

Amount Per Day: \_\_\_\_\_

Snack Restrictions:

\_\_\_\_\_

