



STONE HILL LEARNING CENTER

Speech and Debate Camp June 26-30, 2017

I. STUDENT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ E-mail address _____

Age: _____ Date of Birth: _____ Sex: ____ Grade (In Sept. 2017): _____

School student will attend in the fall (or homeschool) _____

II. FAMILY INFORMATION

Parent/Guardian's Name: _____
Last First

Address: _____
(If different from above) Street City State Zip Code

Daytime Phone: _____ E-Mail: _____

Religious Affiliation (if applicable): _____

III. CAMP REGISTRATION INFORMATION

- ___ \$250 / first student
- ___ \$200 / additional sibling

Does your student have any prior speech and debate experience? _____
If so, in what capacity?

IV. EMERGENCY CONTACT INFORMATION

Does your student have any allergies, dietary restrictions, existing medical conditions, or physical limitations that we need to be aware of? _____ If yes, please explain: _____

Does your student carry an epi-pen or any other special medication? _____ If yes, please indicate the type of medication and where it can be found: _____

Does teacher in charge have permission to give this medication to the student in the event of an emergency? ____ yes ____ no

HEALTH INSURANCE COVERAGE

Insurance Company Name: _____

Insurance Company Phone Number: _____

Cardholder's Name _____ Employer: _____

Group Number _____ Individual I.D. _____

PHYSICIAN: _____

Address _____ Phone () _____

DENTIST: _____

Address _____ Phone () _____

PREFERRED HOSPITAL: _____

Address _____ Phone () _____

ADDITIONAL EMERGENCY CONTACTS

Name: _____ Name: _____

Relationship _____ Relationship _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

I hereby give permission to the administrators of Stone Hill Learning Center, or the teacher in charge, to arrange for my child to receive medical attention in the event of an emergency. I recognize that every effort will be made to contact me and/or the emergency contact person(s) named above. If neither the parents nor emergency contacts can be reached, I authorize the teacher in charge to call a doctor to provide the necessary medical services in the event my child is injured or becomes ill. I understand that Stone Hill Church or Stone Hill Learning Center will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify Stone Hill Learning Center in the event of any health changes that would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they feel may be outside of the physical limitations of my child. I release Stone Hill Church of Princeton, its staff and officers from any and all liability for injury resulting from my child's participation in this activity. I, being parent or legal guardian of the child named above, do consent to the participation of my child in the activities of Stone Hill Learning Center Speech & Debate Club.

Parent/Guardian's Signature: _____ Date: _____

Please return completed application and registration fee (payable to Stone Hill Church) to: Stone Hill Learning Center, 1025 Bunn Drive, Princeton, NJ 08540

Please indicate "Speech & Debate Camp" on the memo line of your check