



**SUPER HERO KIDS  
SUMMER CAMP 2019 REGISTRATION FORM**

Please complete one form for each child.

<b>Child's Information</b>
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Camper's Name:	
Camper's Birthday:	
Grade as of August 2019:	
Name of School:	
Parent/Guardian's Name:	
Parent/Guardian's Phone Number: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	
Secondary Phone Number: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	
Parent/Guardian's Email:	
Home Address:	

<b>EMERGENCY CONTACTS</b>
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(1) Emergency Contact's Name:	
Relation to Camper:	
Phone Number: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	
(2) Emergency Contact's Name:	
Relation to Camper:	
Phone Number: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	



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<b>MEDICAL INFORMATION</b>
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Does the child have any allergies? (Include peanut/nut allergies)	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please provide details.)
Is the child currently taking medications?	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please provide details.)
Does the child have dietary restrictions?	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please provide details.)
Does the child have any health concerns, problems, or discomforts we should be made aware of? <i>This includes diagnoses for ADD/ADHD, ODD, Autism, Asthma, Heart Problems, Seizures, and/or diabetes.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please provide details.)



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*According to a law enacted in Virginia in 1989, Section 32.1-45.1 (A), "Whenever any healthcare provider or any person is directly exposed to bodily fluids of a patient in a manner which may, according to the then-current guidelines of the Center for Disease Control, transmit human immunodeficiency virus (HIV) or Hepatitis B or C virus, the patient whose bodily fluids were involved in the exposure shall be deemed to have consented to release of such test results to the person who was exposed." The test results will be safeguarded through the Virginia Statutes.*

---(initial) I hereby give permission for my child to participate in Mental Health America of Roanoke Valley's Super Hero Kids summer camp program and field trips.

---(initial) I give permission for my child's photo to be taken and used in promotional material.

---(Initial) In case of an accident, I grant permission for my child to receive medical treatment, if needed, and authorize the attending physician to administer any necessary medical attention.

---(Initial) Your child will be supervised by Mental Health America of Roanoke Valley staff and volunteers at all times, and every precaution will be taken to ensure your child's safety and wellbeing. However, in the case of injury, I will not hold Mental Health America of Roanoke Valley, its staff or volunteers, liable.

*Any behavior deemed inappropriate or dangerous by the program director will result in the student being dismissed from the program.*