



2017 Registration Form

Student's Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

DOB _____ Phone (cell) _____ Grade _____

School/Address _____

Emergency Information:

Mother/Guardian's Name _____

Phone (cell) _____ (work) _____ (home) _____

Father/Guardian's Name _____

Phone (cell) _____ (work) _____ (home) _____

Code of Conduct

To ensure the safety and well being of all members, each participant is responsible for following the Code of Conduct.

- ✓ I am to remember that I am responsible for my actions and belongings.
- ✓ I will be courteous and respectful of staff and volunteers during activities and trips and will follow their instructions and guidelines.
- ✓ I will respect the property of others at all times. This includes all buildings at school and on fieldtrips.
- ✓ I will be on time for events and activities and will remain with the group at all times.
- ✓ I will assume financial responsibility for any damage caused by me.
- ✓ Failure to abide by the above rules may result in my immediate dismissal from the camp
- ✓

Information About Participant:

Does your child have any known allergies?

Allergy to Medicine? () no () yes _____

Allergy to Food? () no () yes _____

Allergy to Other? () no () yes _____

Please list Medications that your child is currently taking...

Special medical concerns or conditions that the staff should be aware of, including epilepsy, asthma, diabetes, previous injuries to bones, joints, etc.

Please list the names of anyone that has your permission to pick up your child. List names as they appear on driver's license:

1. _____

2. _____

3. _____

I also grant () **do not grant** () permission for my student's picture to be taken and possibly appear in local newspapers as well as Wilson County Schools web site.

I/We have read and understand the rules above and I/We agree to be bound by the conditions of this agreement:

Signatures

Student's Signature

Date

Parent's Name (Please Print)

Parent's/Legal Guardian's Signature

Date

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