



Serving the Deaf, Hard of Hearing
and Hearing Communities

**Camp Sign Me Up
Registration Form**
June 13-17 (ages K-5th grade)
June 27-July 1 (6th-12th grade)
Fee: 35.00 per week

Student's Name _____ Grade _____ Age _____

Deaf / Hard of Hearing (Circle one) Birthdate _____

Parent's Name(s) _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone Number (day) _____ (eve) _____

Work Phone _____ Cell Phone _____

Emergency Contact - Name _____

Relationship _____ Home Phone _____

Work Phone _____ Other #s _____



Serving the Deaf, Hard of Hearing
and Hearing Communities

Known medical conditions that might affect student's participation in the program?

(i.e. asthma, allergies, etc.) _____

Is student currently taking any medication? Yes / No If so, what? _____

Is student allergic to any type of medication? Yes / No If so, what? _____

Is participant currently under the care of a doctor? Yes / No If so, please include

Doctor's Name & Number _____

Person(s) permitted to pick up your son/daughter other than parent(s):

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Any other important information you feel wish to share with us?



Serving the Deaf, Hard of Hearing
and Hearing Communities

Media Release

I, _____, give my permission for the League to allow for photographs or interview statements of my son or daughter to be used as part of any publicity coverage that may occur within their newsletters, public relations materials, or coverage by area newspapers, radio or television in regard to their Youth Services summer programming.

Student's Name (print)

Parent/Guardian Signature

Date

Please return this registration form to:

Bridges

**ATTN: Julie Perdue
415 4th Avenue South
Nashville, TN. 37201**