

Camp Shazaam Registration

Emergency Information and Authorizations

CHILD REGISTRATION INFORMATION

Child #1 Name: _____

Age: _____ Grade: _____ Pronouns: _____

_____ Camp Shazaam: Bewitched! \$250

Child #2 Name: _____

Age: _____ Grade: _____ Pronouns: _____

_____ Camp Shazaam: Bewitched! \$250

Total Amount: _____

Payment options: Venmo @Tara-Sawyer-3, Paypal @TaraSawyer3, or check made out to Tara Sawyer and mail to 515 NE Royal Court, Portland, OR 97232

Please email completed application to peapodpdx@gmail.com or mail to Tara Sawyer, 515 NE Royal Court, Portland, OR 97232.

PARENT/GUARDIAN CONTACT INFORMATION

Parent 1 Name: _____

Legal Guardian (if other than parent): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Parent 2 Name: _____

Legal Guardian (if other than parent): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION (FRIENDS, FAMILY, NEIGHBORS)

(These contacts will be used if you child gets sick and we cannot reach you)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Physician Address: _____

Allergies, Dietary Restrictions, Special Needs or Medical Conditions:

AUTHORIZATION & CONSENT

PHOTO CONSENT: I give Camp Shazaam permission to photograph my child (including video). If for publicity, I will be given notice of the use of any photo or footage. **Yes No**

MEDICAL PERMISSION AGREEMENT: In the event of an emergency concerning my child when I cannot be reached, I hereby authorize Camp Shazaam staff to act on my behalf in securing medical attention, including first aid and hospital treatment if necessary. **Yes No**

COVID CONCERNS: My child understands that they must wear a mask to participate and social distance as much as possible. I understand my child should not come to camp if they have a temperature greater than 100.4 degrees F or other symptoms such as a persistent cough, fatigue, headaches, body aches, or shortness of breath. I understand that even though all precautions will be taken to run the camp safely, there are inherent risks and I will not hold Camp Shazaam responsible. **Yes No**

REFUND POLICY: I understand that 100% refund before June 1 (minus a \$25 administration fee). If you cancel your child's registration after June 1, we offer a 50% refund (minus a \$25 administration fee). No refunds will be issued once camp begins. **Yes No**

EXECUTION: In consideration for participation in Camp Shazaam activities, I agree to the terms and conditions set forth in this agreement. I understand that this is a binding legal document. I also understand the terms and conditions of this agreement. **Yes No**

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

In order to give your child the best experience we can, please fill out this helpful Information:

Is your child registering with a friend or knows anyone else who has registered for the upcoming session?

Yes **No** If yes, please list: _____

What is your child most interested in or excited about at Camp Shazaam?

Are there any social, emotional, physical health or family challenges that your child is working through at the moment that would be helpful to know about?

Anything else you would like us to know?