

## ST. ANDREW'S AUTHORS AND ILLUSTRATORS REGISTRATION FORM

(This is the only form needed to register for this enrichment camp - fill out and return with total fee for automatic acceptance.)

Student's Name: \_\_\_\_\_  M  F

Parent/Guardian Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade in September 2008: \_\_\_\_\_

### Camper Information

List any allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Child will need to take prescribed medicine while at camp  Yes  No

Type of medication: \_\_\_\_\_

Brand name of medication: \_\_\_\_\_

- The prescription **MUST** be given to the school in the **ORIGINAL** bottle.
- Please indicate the **TIME** the medication must be taken: \_\_\_\_\_
- Include any other pertinent medical information that would be helpful to the camp nurse:

\_\_\_\_\_

I understand that neither St. Andrew's School, RITES, nor anyone associated with the camps will assume any responsibility for any accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is in good health and able to participate in physical activity of a vigorous nature. I understand that in the event of injury or illness, every attempt will be made to contact parents or guardians. If they cannot be reached, I give permission to a physician selected by St. Andrew's School to secure medical treatment.

I understand the St. Andrew's Camp Directors have the right to dismiss any camper, when, in their judgement, the camper's behavior interferes with the rights of others, the smooth functioning of the group activity, or violates St. Andrew's rules of conduct.

Photography/Publicity: I give St. Andrew's and RITES permission to use art work created by or photographs taken of my child during summer programs in St. Andrew's School and Summer Programs promotional materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Make checks payable to: St. Andrew's School  
Mail to: 63 Federal Road  
Barrington, Rhode Island 02806