

From Scratch

a build-it-yourself Summer Camp

fromscratchvt@gmail.com

GET DIRTY. HAVE FUN. MAKE FRIENDS. OUTSIDE.

Please return this completed registration form with a non-refundable \$50 deposit to: Joe Schine, c/o The Bridge School, 14 Exchange St., Middlebury, VT 05753.

Full Tuition of \$225 and application form due by July 1st

Child's Name	Last:	First:	
Child's Address			
City/State/Zip			
Date of Birth		Gender (circle)	M F
School & Grade Entering			
Enrollment Week/Weeks (please circle)	Monday August 5 th – Thursday August 8 th Monday August 12 th – Thursday August 15 th		

Parent/Guardian:	Relationship:
Phone:	Email:
Parent/Guardian:	Relationship:
Phone:	Email:

The following individuals may pick up my child from camp (must be 16 years or older)		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Two alternative friends/relatives to contact in an emergency if Parent/Guardian cannot be reached:		
Name:		
Day Phone:	Evening Phone:	Cell Phone:
Name:		
Day Phone:	Evening Phone:	Cell Phone:

Physician to be called in an Emergency:

Name: _____ Address: _____

Phone: _____

Medical Insurance Carrier: _____ ID # _____

Hospital preference: _____

Allergies/Medical Limitations/Current Medications (continue on back if needed):

I VERIFY that the information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary emergency medical treatment of my child.

Parent/Guardian Signature: _____ Date: _____

I give From Scratch Mentors my permission to publish photographs or videos of my child for use in printed publications, e-newsletters, videos, and the camp website.

Parent/Guardian Signature: _____ Date: _____