



# Deerfield Community Center Summer Registration and Emergency Information

FULL NAME	GRADE	GENDER	BIRTHDATE

Yes No Please sign my child(ren) up for Summer Camp. I have attached my calendar commitment & included my deposit. I understand I am responsible for payment of all dates I have chosen.  
*Please complete separate calendar commitment forms for each participant.*

Yes No Please sign my child(ren) up for Sunshine Club. I will add this to my weekly fees and understand I am responsible for all dates I have chosen below.  
Week #2 Week #3 Week #4 Week #5 Week #6

**Please Make Checks Payable to: DCC**

FOR OFFICE USE ONLY				
Cash: _____	Check#: _____	Late Fee: _____	Amt. Paid: _____	Date: _____
			Initials: _____	

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies or other necessary information needed about participant: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT WHEN PARENT/GUARDIAN IS NOT AVAILABLE:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**IMPORTANT**

*Please Read and Sign the Following*

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with the youth programs and in consideration for the DCC accepting the registrant for its youth programs and activities, I hereby release, discharge, and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, transportation services, field trip destinations and organizations utilized by the youth program, against any liability, loss, cost, expense, or claim by or on behalf of the registrant as a result of the registrant's participation in the youth programs. As the legal parent or legal guardian of the above participant, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life of my dependent. In addition, I give consent for DCC to utilize pictures of my child to promote programs that they have participated in.

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Date