

# Camp Donoho 2019 - Registration/Consent Form

Complete and sign this form to give permission for your child to participate in Camp Donoho 2019. Registration forms are due by May 20, 2019

Mail: Camp Donoho 2019 | The Donoho School, 2501 Henry Road, Anniston, AL 36207

Fax: Robin Arnold | The Donoho School | Fax: 256-237-6474 Phone: 256-237-5477 ext. 2

Email: campdonoho@donohoschool.com

Participant's name: \_\_\_\_\_

Grade entering this fall \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

List another emergency contact with phone numbers:

\_\_\_\_\_

List any medical alerts, allergies, and/or current prescription medicine with dosage:

\_\_\_\_\_

Health Insurance provider \_\_\_\_\_ Policy no. \_\_\_\_\_

Please list the names, dates, and prices for the course(s) you will be attending below.

| Complete Course Name | Date | Price |
|----------------------|------|-------|
|                      |      |       |
|                      |      |       |
|                      |      |       |
|                      |      |       |

Total Payment: \_\_\_\_\_ Check payment method below.

\_\_\_ Cash/Check (Camp Donoho 2019)

I hereby authorize use of my card \_\_\_\_\_ (signature)

\_\_\_ VISA Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ Master Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

I give permission to any staff member to seek medical treatment for my child in case of emergency. I hereby agree that I will not hold The Donoho School or any members of the Camp Donoho 2019 staff responsible for any loss, damage, or injury incurred while participating in the camp activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**The Donoho School Media Release**

The Donoho School uses photos and video for promotional materials and/or The Donoho School web page and/or social media. Student names do not accompany photos. The Donoho School will retain ownership of and the right to edit any photos. If no preference is indicated below, the school will assume that permission has been given for the use of photos and video.

\_\_\_ I/We DO give The Donoho School the right to use my child's image in photo or video.

\_\_\_ I/We DO NOT give The Donoho School the right to use my child's image in photo or video.

Student Name\_\_\_\_\_

Parent/Guardian Name (PRINT)\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_