

TAPS Academy

Camp Registration Form

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted. If you have any questions about completing this form, please contact us at 832-525-1560. Print completed registration form and sign all applicable pages. Send to epenn@pennpals.net and make payment of \$325 at: www.tapsacademy.org/donate. By mail send to: TAPS Academy, 2726 Bissonnet #240, Houston, Texas 77005.

Child's Full Name			
Nickname			
City		City	
State	Zip	Home Phone	
School	Grade entering	Age	Date of birth____
Primary email address			
Cell Phone			

Parent/Guardian and Medical information: In the event of an emergency, please number, in order of priority (1-6), which phone to contact.

Parent/Guardian	Date of Birth	Cell Phone	Priority
Address			
City	State	Zip	Home Phone
Place of Employment	Work Phone		Priority

Parent/Guardian	Date of Birth	Cell Phone	Priority
Address			
City	State	Zip	Home Phone
Place of Employment	Work Phone		Priority

Doctor's Name	Doctor's Phone Number
Medical Insurance Provider	Policy #

Emergency names, address and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian: Emergency Contact Name

Emergency Contact Name	Cell Phone
Address	
City	State
Zip	Home Phone

Emergency Contact Name	Cell Phone
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Address			
City	State	Zip	Home Phone

Additional Information:

Authorized Person for pick-up (in addition to parents and emergency contacts)	Cell Phone
Authorized Person for pick-up (in addition to parents and emergency contacts)	Cell Phone
Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent)	
Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?	
Please provide information on any physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.	
<input type="checkbox"/> Check here if your child will be required to take medication during the camp day AND complete Medication Authorization Forms	

Statement of Authorization

1. My child has permission to be transported by camp staff and to participate in all camp program activities and related field trips.
2. In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
3. My signature authorizes the management and staff of the camp to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the camp staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the camp staff from any and all liability and/or financial responsibility for any medical expenses incurred.

By signing below, you are authorizing all of the above.

Parent Signature	Date
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Parent Statement of Understanding

Please read this information and sign below.

- ☒ I understand that my child will not be released to any person(s) not listed on the enrollment form.
- ☒ I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- ☒ I understand that I am not to leave my child at the program site unless a camp staff member or volunteer is there to receive and supervise my child.
- ☒ I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon.

Sign-in/Sign-out sheets are available as you arrive.

☒ I understand that my child will not be allowed to leave the program with an unauthorized person. ***Any person authorized to pick up my child must be listed on this form.***

☒ I understand that TAPS is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above.

Parent Signature	Date
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For PSLI Camp

WORK EXPERIENCE/VOLUNTEER EXPERIENCE List work experience(s) (include dates of employment, volunteer, and community service).

TALENTS AND INTERESTS List your extracurricular activities, hobbies, and interests.

HONORS AND AWARDS List your honors and awards.

POST-SECONDARY PLANS Please tell us your plans upon graduation. Check all fields that apply.

Two-Year College _____ Vocational /Trade Training _____ Full-Time Employment _____
Four-Year College _____ Military _____ Not Sure _____

FUTURE CAREER INTERESTS Please check all fields of interest that apply.

Business _____ Science _____ Hospitality _____
Entertainment and Media _____ Government _____ Education _____
Technology _____ Other _____