

Youth Summer Camp

5th - 7th Grades



Student Information

Name: _____ Grade Entering Fall 2019 School Year (circle) 5th 6th or 7th

Address: _____

Phone: _____ Cell: _____ Email: _____

Childs T-shirt size (circle): Youth - S M L Adult - S M L XL

Food Allergies: _____

With whom do you reside (check all that apply)? Mother Father Guardian

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Guardian's Name: _____ Cell: _____

REGISTRATION DEADLINE

Return registration form and \$50 payment by Monday, June 17, 2019.

Cash or checks can be made payable to SMCSI, or credit/debit cards are accepted.

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PARENT/GUARDIAN APPROVAL

As a student attending the CSI Youth Summer Camp, I am committed to being successful through positive work habits, acceptable behavior and a willingness to have fun. I agree to abide by the policies, rules, and regulations of the CSI. As a parent, I give my approval and permission for my son/daughter to go on field trip(s) as a part of CSI, including the transportation via Hudson Area Schools vehicle to and from the school for lunch. I also give permission for the providing of medical treatment should it become necessary. There will be photos for publication. If there is a request for a student that the pictures or information is not to be published, you must contact the CSI Office in writing with request not to be published.

Parent/Guardian Signature

Date

Emergency contact number(s) _____

Permission slip must be signed by parent or guardian before students are allowed to attend camp. They can be emailed to eborck@hudson.k12.mi.us or faxed to 517-448-1414.