



1576 Kelly Drive • Sanford, NC 27330 • 919.776.4048

Camp Registration Form

Additional Registration Forms available at www.stevenscenter.org or call 776-4048

Child's Name _____ Date _____

Street Address and Mailing address _____ City _____ State/Zip _____
Telephone (____) _____ What school does child attend? _____

Age _____ Birth Date and Year _____ Gender: Male Female

Health Information

Personal Physician _____ Telephone (____) _____

In case of emergency, please contact:

Name and relationship _____ Telephone Number _____

Name and relationship _____ Telephone Number _____

Special Medical or Disability Concerns

None Please specify: _____

Other information we should know that will help us provide a safe and enjoyable experience for your child: _____

Food allergies: _____

Does your child receive special education services in school? _____

If yes, under what label? _____ (NOTE: This information is kept confidential, but helps us know if we are reaching all of our community—youths with and without disabilities)

I understand and agree to abide by the following liability statement:

The use of the Stevens Center and all its equipment will be at the risk of the participant. The Stevens Center does not assume liability or responsibility for any injury to a user of the facility. Signing this registration form releases the Stevens Center of responsibility.

In the event of an injury, I authorize Stevens Center staff and volunteers to provide first aid and appropriate emergency medical care. I accept responsibility for all emergency medical expenses.

Print Name of Child's Legal Representative Signature Date

Please mail this form with the registration fee to Stevens Center, 1576 Kelly Drive, Sanford, NC 27330. (Do not mail cash; make checks payable to Stevens Center.) If you need to be considered for financial assistance, call us at 776-4048.

Activity	Cost	Total
1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	\$ _____