



REGISTRATION FORM

PLEASE PRINT LEGIBLY

Date: _____

Student's Name: _____
Last First MI

School Name: _____ Student ID#: _____

Grade Level: _____ Date of Birth: _____ Sex: Male ___ Female ___

Address: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Parent Name: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

Parent Email address: _____

I/we _____ the undersigned parent(s)/legal guardian(s) of the above named child to participate in Paint, Summer Socialize Camp, INC. (PSS) "Paint, Summer & Socialize" and hereby agree and promise not to hold Paint, Summer & Socialize INC. nor its employees, volunteers and others who are assisting in the "Summer Camp Program" responsible for any loss, damages or personal injuries that I or my child may receive as a result of participation. I understand there are some risks inherent in the activities, and I willingly assume the risks in order for my child to participate in this Eight week summer program. I also agree that I/my child will follow all instructions and procedures in order to maintain the maximum level of safety. Should a medical emergency arise, I give permission for any emergency medical care or treatment by a physician, surgeon, hospital, clinic or medical care facility that may be required.

Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Signature of Parent or Legal Guardian

Date

REMIT YOUR ENROLLMENT APPLICATION TO:

Email: Lydia@paintsipsocialize.com

678 819 2980

1259 Glenwood Avenue | Atlanta, GA 30316