



HIP Camp - Registration Form

June 21-25, 2010

August 2-6, 2010

(7th-9th grades)

(10th-12th grades)

Time: 9:00 – 3:30 pm

Student Name: _____ Date of Birth _____ Parent Name: _____

Home phone: _____

Work phone: _____

Address: _____

Cell phone: _____

City: _____ State _____ ZIP _____

Home phone: _____

School: _____

Email address: _____

Camp Fee is: \$129 (\$119 before May 15)

Payment Due: _____

Scholarship Awarded: _____

T-Shirt Size: _____

Special Instructions:

- Please drop off your camper **promptly at 9:00 am** and pick up **no later than 3:30 pm** daily.
- Campers are required to bring a bag lunch. ***HIP Careers Camp does not provide lunch.***
- We highly recommend that campers wear comfortable clothing and shoes as well as bring a sweater or sweatshirt, as Children's Health Education Center and most site visit locations are air-conditioned.

EMERGENCY MEDICAL PERMISSION

In case of emergency, I consent and authorize Children's Health Education Center to treat my child at Children's Hospital of Wisconsin. I authorize treatment for my child by the doctor on-call in the Emergency/Trauma Center.

If I am unavailable at the above home or work number, (name) _____ may be contacted and is authorized to act on behalf of my child. Call (daytime phone) _____.

Signature of consent: _____

PHOTOGRAPHIC RELEASE

I consent and authorize Children's Hospital and Health System to use and reproduce photographs taken of my child during HIP Camp activities for the purpose of publicity and/or public service presentations.

Signature of consent: _____

CANCELLATION: If your child is unable to attend during the scheduled week, please contact us at (414) 390-2166. Cancellations received less than **48 business hours before** the scheduled program week or non-attendance of the program will result in a \$129 fee.

Signature of consent: _____

RETURN THIS COMPLETED FORM AND YOUR CHECK made payable to:

Children's Health Education Center

Attn: Roxanne Wolfram

1533 N. RiverCenter Dr.

Milwaukee, WI 53212

(414) 390-2166 PHONE

Interoffice use only:

Payment received _____

Check number _____

Amount _____

Entered in computer _____