



Registration Form

▪ **Tshirt Size - Circle one:** Child-- Small, Medium, Large, X-Large Adult-- Small, Medium, Large, X-Large

- A school sack lunch (prepared by Houston County summer nutrition program) will be provided.

Does your child have any "Special Dietary Restrictions or Special Requests":

Please note that we may not be able to honor all request; students with severe food allergies are encouraged to bring their own food.

Important Medical Information (allergies, diagnosed health conditions, medications taken every day, etc.):

Name(s) of people authorized to pick-up S.T.E.M camper: (Attach separate sheet if necessary.)

_____ Telephone Number _____

_____ Telephone Number _____

Late Pick-up Policy

- If a parent or authorized pick-up person does not arrive or call by 10 minutes past the designated pick-up up time, TMS staff will assume an emergency exists and will begin to call emergency contacts for your child.
- If no emergency contact can be reached within 15 minutes past the designated pick-up time, TMS staff may contact the Centerville Police Department, and request they pick up the camper.
- If a child is picked up late twice, disregard for the pick-up time is cause for the child's termination from the program and no portions of the registration fee will be refunded.

Participation Agreement:

I wish to participate in TMS's STEM Camp. I agree to follow all the rules of the program. I will do my best to participate with a positive attitude, learn as much as I can, and respect myself, the staff, and other campers at all times.

Camper's Signature

Date

My child is participating in TMS's STEM Camp with my consent. It is understood that the utmost precautions will be taken to ensure his/her safety. I will not hold Thomson Middle School responsible for injuries sustained. I give my consent for my child's name, voice, photograph, image, or likeness to be used by Thomson Middle School for any purpose in connection with the promotion or fundraising of Thomson Middle School. I give my consent for Thomson Middle School staff and volunteers to obtain emergency first aid treatment for my child. I authorize Thomson Middle School to arrange transportation as needed.

Parent/Guardian Signature

Date

If you have questions, contact 478-953-0489 office, 478-953-0484 fax, or
Leshan.Ferguson@hcbe.net

THANK YOU for supporting TMS's SUPER STEM Camp!