



Baldwin Athletics Clinic & Camps

Registration Form, Emergency Contact Form & Waiver

Name of Clinic or Camp: _____

Check method of payment:

- Baldwin Incidental Account # _____
- Personal Check # _____ (payable to "Baldwin School")
- Cash

EMERGENCY CONTACT INFORMATION

Student's Name (Legal) _____, _____, _____
LAST FIRST MI

D.O.B ____ / ____ / ____ Current Grade: _____

Home Phone #: _____ Cell Phone #: _____

Address: _____, PA _____
STREET CITY ZIP

Father's Name: _____ Home Phone # (____) ____ - ____

Work Phone # (____) ____ - ____ ext. ____ Father's Cell Phone # (____) ____ - ____

*Email Address #1: _____ *Email Address #2: _____

All communication will be done via email, please be sure email addresses listed are valid

Mother's Name: _____ Home Phone# (____) ____ - ____

Work Phone# (____) ____ - ____ ext. ____ Mother's Cell Phone # (____) ____ - ____

*Email Address #1: _____ *Email Address #2: _____

All communication will be done via email, please be sure email addresses listed are valid

Emergency Contact & Relationship (must be 21 or older): _____

Contact Home Phone # (____) ____ - ____ Contact Cell Phone # (____) ____ - ____

MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone Number: _____

Date of last Physical Exam: _____

****PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD****

Medications: _____

Allergies: _____

PERMISSION FOR AUTHORIZATION TO TREAT IN PARENT ABSENCE

*I hereby certify that my daughter is in good health and has my permission to participate in the Baldwin Summer Experience Camp. I give the camp staff authorization to seek medical help and authorize all medical and hospital procedures as may be performed in the event of an emergency. The camp, directors, staff, and the Baldwin school are not responsible for any accident, medical/dental expenses or any other expense incurred as a result of my daughter's participation in the camp.

Print Parent Name: _____ Parent Signature: _____ Date: _____