



Kinderhaus Summer Camp Registration Form

Child's Name _____

Child's Birth Date _____

Address _____

Email Address _____

Parent/Emergency Contact Name _____ Phone _____

Parent/Emergency Contact Name _____ Phone _____

Medical Info / Allergies / Current Medications:

Name of Doctor _____ Phone _____

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Kinderhaus Summer Camp runs Monday through Friday, August 14-18 from 9:00-12:00.

A healthy, hearty, homemade snack will be provided each day.

Please return the **Registration** and **Consent** forms along with the **\$90** payment to:

Kinderhaus
PO Box 114
Decorah, IA 52101

Consent Form

I _____, give permission to the volunteers or employees of Kinderhaus to apply sun block and ointment to my child as deemed necessary.

I give permission to the volunteers or employees of Kinderhaus to take my child on walks/field trips within 2 miles of the Kinderhaus center.

I give permission to the volunteers or employees of Kinderhaus to administer first aid procedures or obtain emergency medical attention or surgery if the situation requires immediate care for my child. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

As a parent/guardian of participant(s) in this program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury. I agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these program(s)/activities against Kinderhaus or the independent contractors, volunteers, property owners, board members, and employees associated with Kinderhaus.

_____/_____/_____
Signature of Parent/Guardian Date