



SMITH PREP

**SPA Leadership Camp Application
July 19-26, 2019**

Camper's Name: _____

Camper's E-mail Address: _____

Grade completed by summer 2019: _____

Name of Father/Mother or Guardian: _____

Home Address: _____ Phone: _____

City: _____ State: _____

Zip: _____

Correspondence E-mail: _____

Father's Occupation: _____ Phone: _____

Cell: _____

Mother's Occupation: _____ Phone: _____

Cell: _____

T-shirt Size (circle): S M L XL XXL

Medical Insurance Coverage Information:

Allergies and/or other medically relevant information (asthma, diabetes, epilepsy, heart problems, etc.):

Important: You must agree to the following statement, and sign below:

Emergency Authorization: I hereby give permission to the medical personnel selected by the Smith Preparatory Academy to order X-rays and routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Smith Preparatory Academy to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp. I also give permission for routine medical care for my child at the camp.

Signature of Parent or Guardian: _____

Date: _____