



5928 West Parker Road, Suite 1000  
Plano, TX 75093

5952 Royal Lane, Suite 168  
Dallas, TX 75230

Phone: 972-608-0416 [www.achievehearing.com](http://www.achievehearing.com) Fax: 972-608-0430

## Summer Camp 2016 Registration Form

### Child Information:

Student's Name: \_\_\_\_\_ Gender: M / F

Date of Birth: \_\_\_\_\_

Grade in Fall 2016: Kindergarten / 1st / 2nd / 3rd / 4th / 5th / 6th

School: \_\_\_\_\_

Please list any medical conditions we should be aware of (asthma, diabetes, seizures, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies your child has (food, medicines, insects, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy/Group# \_\_\_\_\_

### Parent/Guardian Information:

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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How did you hear about our camp?:

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**Emergency Contact (other than parent): \*\*In the event you cannot be reached whom should we contact?\***

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Is this person authorized to make decisions concerning your child in case of an emergency when we cannot contact you?**

\_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Is this person authorized to make decisions concerning your child in case of an emergency when we cannot contact you?**

\_\_\_ Yes \_\_\_ No



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**In case of extreme emergency we will go to the hospital with your child.** Please list your hospital of choice.

Name of Hospital: \_\_\_\_\_

**Photo Release:**

I agree to allow Achieve Hearing and Rehabilitation to use photographs or video recordings containing my child's image named below, at its discretion, for publicity and/or advertising (website, brochures, flyers, etc.). I agree to allow such use free of any compensation and with no restriction as to the length of time for such use.

\_\_\_ Yes \_\_\_ No

***By signing this form, I acknowledge that I have read and understand the above noted information.***

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_