

ICC Summer Camp Registration Form

Age 5 to 9 June 18th-22nd 2012, 9:00 a.m. to 3:00 p.m.

Festivals of India

ICC Indian Cultural Center 5511 Lynn Road, Tampa FL 33624

Name of Child: _____ Gender: M / F

Name of School: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

Home phone: _____ Cell Phone: _____

Work phone/other: _____

Employer's Name: _____

Emergency contact's name and phone number: _____

Person(s) authorized to Pickup (Except Parents):

Name: _____ Phone _____

Name: _____ Phone _____

Health History (please give approximate dates of occurrence):

Bleeding & clotting disorders_____

Allergies:

Chicken Pox_____

Asthma_____

Diabetes_____

Food_____

Epilepsy_____

Grass/tree_____

Heart Disease_____

Insect bites/stings_____

High Blood Pressure_____

Insecticide_____

Measles_____

Others_____

Mumps_____

Hospitalization _____ and reason(s) _____

Insurance information:

Child is insured by Parent/Guardian (full name : _____)

Insurance Company: _____ Policy # _____

Child's Doctor Name & Phone # _____

2012 ICC Summer Day Camp Registration Form –

Festivals of India Summer Camp:

Signature of Parent/Guardian

Date

Written registration form and Payment in full to:

Vaishali Mehta

2959 Winglewood Circle Lutz FL 33558

Or

Bhavi Patel

2218 branch Hill st, Tampa, fl 33612

Check Amount \$_____ (Check # _____)

Cash Amount \$_____

Date Received: _____ Received by _____

No refunds under any circumstances.