The S.T.U.D.I.O Experience
Camp Application

Child's First Name:____________________________________ **Last Name:**________________________________

Date of Birth: ____/____/____ **School:**____________________________ **Grade:**______

Parents or Guardian's Name(s): ____

Address: ____ **Home Phone #:** ____________________

Mother's Work Phone #________________________________ **Father's Work Phone#:** ____________________

Mother's Cell# ____ **Father's Cell Phone#:**______________________

Person(s) authorized to pick up your child / Emergency Contacts: **(Person must show picture I.D.)**

Name:_________________________ Relationship: ____________________ Phone#:_____________________
Name:_________________________ Relationship: ____________________ Phone#:_____________________
Name:_________________________ Relationship: ____________________ Phone#:_____________________
Name:_________________________ Relationship: ____________________ Phone#:_____________________

Student lives with: ___ Father ____ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Is your child under medical care or taking any medication(s)? □ **Yes** □ **No**

If yes, please check all of the following conditions that your child has and indicate if your child requires medication. Please note camp staff is not permitted to dispense medication.

□ Bee Sting Allergy Epi-pen □ Yes □ No □ Other Allergies: ________________________________
□ Asthma Inhaler □ Yes □ No □ Special Needs / Disability:____________________
□ Diabetes Insulin □ Yes □ No □ Other:____
□ Vision / Hearing Glasses □ Yes □ No

Family Health Care: Physician's Name:______________________________ Phone #:_________________
Address:____ Medicaid: □Yes □ No
Health Insurance# ______________________________________

Does the TRYP program have permission to use photos of your child in educational or promotional materials?
Yes:_____ No:______

Does your child have permission to check out as a Marta rider? Yes:_____ No:_____

Parent or Guardian Signature:_________________________________ **Date:**_________

****Please complete and return entire application packet****

For Office Use Only
Enroll Date:_____________________________________ Initials: ___________________
Date Unenrolled: __________________Reason:____

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