

I Know I Can Summer Camp 2024

Registration Form

Participation Information:

Last Name _____ First Name _____

Gender: _____ Female: _____ Male: _____ Age: _____

School: _____

Grade attended year 2023/2024: _____

Home Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent Email: _____

Mother's Name: _____ Father's Name _____

Mother's Day Number: _____ Fathers' Number _____

Mother's Cell: _____ Father's Cell: _____

Specify any of your child's health problems/allergies _____

Emergency Contact : _____

I agree to pay a \$50.00 registration fee per child. I also agree to allow my child's photo or likeness to be used for marketing purposes by VALNNCC and its partners.

By returning this completed I agree to all terms and conditions.

Signature

Date