Beekeeping Camp Registration Form *(Please send $30, along w/ registration and participant agreement, to Allyson Andrews, 2232 Chana Creek Road, Eclectic, AL 36024)*

Name (Last, First, Middle)			Age:
Street:			Grade:
City:	Zip:	Phone:	Gender: M or F
Shirt Size: Youth – S Youth – M Youth - L Adult – S Adult – M Adult - L			

Student Information (Please Print)
Parent/Guardian Information 1 (Please Print)

Name:	Relationship to student:
Home Address:	Employer:
Home Phone:	Work Phone:
Cell Phone:	Email Address:

Parent/Guardian Information 2 (Please Print)

Name:	Relationship to student:
Home Address:	Employer:
Home Phone:	Work Phone:
Cell Phone:	Email Address:

Emergency Contact/Authorized Pick-up Information [Non-parent] (Please Print)

Name:	Relationship:	Daytime Phone:
Name:	Relationship:	Daytime Phone:
Name:	Relationship:	Daytime Phone:

In case of an emergency, I hereby give my consent for First Aid, medication, treatment, and transportation to an emergency care facility: **YES** **NO**

First Aid Information (Please Print)

Allergies/Dietary Restrictions:	Medications (list any prescription medications currently taken):
Family Doctor:	Office Phone:

Parent/Guardian Signature:_____ Date: _____
(By signing this form, parent/guardian acknowledges and is aware that bee stings are possible at Beekeeping Camp and that parent/guardian has taken the necessary precautions to have a doctor verify that the student has no allergies to bee stings. *Students with bee sting allergies should not attend Beekeeping Camp*. Parent/guardian acknowledges the risk of student participation in Beekeeping Camp and agrees to release from liability any volunteer associated with all Beekeeping Camp activities should stings/accidents/emergencies occur.)