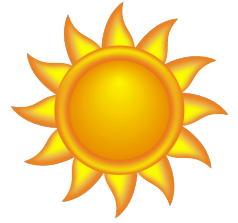


Richardson Community Center

Summer STEAM Camp

Registration 2026



Fee: \$400.00

Receipt # _____

Camper Information

T-shirt Size: Circle One

Youth- S, M or L Adult- S, M, L, XL

First Name _____ Last Name _____

___Male___Female Birthday____/____/____ Age____Grade in fall _____

Address_____

City_____State____Zip_____

Home Phone_____School Name _____

Parent/Guardian Information

Parent/Guardian Name _____

Address (if different from the child's) _____

City_____State____Zip_____

Employer_____

Work Phone # _____Work Hours _____

Cell_____Email _____

Parent/Guardian Name _____

Relation _____

Address (if different from the child's) _____

City_____State____Zip_____

Employer_____

Work Phone # _____Work Hours _____

Cell_____Email _____

Medical Information

Prescription Medications: _____

Allergies: _____

Other condition(s) (Asthma, Diabetes, etc.) _____

Physical Limitations (if any) _____

Is the child's shot record up to date? _____ Y or _____ N

Health Insurance Company _____

Policy # _____ Group # _____

Expiration Date _____/_____/_____

Doctor's Name _____ Phone # _____

* Please provide a phone # for each contact*

Emergency Contact/Pick-up List

Name _____

Phone # _____

Relationship _____

Name _____

Phone # _____

Relationship _____

Parent/Guardian Signature

Date

I hereby grant permission to Richardson Community Center to use photographs and/or video of my child in publications, news releases, online, and other communications related to the mission of

Richardson Community Center.

_____ Yes, I agree to release

_____ No, I do not agree to release