QVIR Education Summer Program
Registration Form

Camp Name: QVIR Education Summer Program
Session Dates: Tuesday – Thursday
Location: QVIR Education Center, 13824 Quartz Valley Road, Fort Jones, CA 96032

Camper Information

Full Name: _____ Date of Birth: _____/_____/_____

Age at the time of Program: _____ Gender: _____

Address: _____

T-Shirt Size: YS YM YL YXL AS AM AL

Parent/Guardian Info & Allowed to pick up child:

Parent/Guardian Name: _____

Relationship to Camper: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Emergency Contact & Pick up
(Other than Parent)

Name: _____

Relationship to Child: _____

Phone Number: _____

Medical Information

Allergies (Food, medication, other: _____

Medical condition/Limitation: _____

No Medication will be administered at camp

Doctor's Name: _____

Insurance Provider: _____

Policy Number: _____

Camp Day Selection

Select the day(s) your child will attend:

- ☐ Tuesday – Outside Day
- ☐ Wednesday – Culture Day
- ☐ Thursday – Academic Day
- ☐ All 3 Days

Permissions & Agreements

Please Check each box to indicate agreement

- ☐ I give permission for my child to participate in all program activities.
- ☐ I authorize the program to provide or obtain emergency medical care if necessary
- ☐ I give permission for photos/videos of my child(ren) to be used for promotional purposes.
- ☐ I have read and agree to the program's Parent Guide.

Parent Signature: _____ Date: _____