



120 N. Main Street, Summerville, SC 29483
843-419-6077 sum@bottlesnbrushes.com
www.bottlesnbrushes.com

SUMMERVILLE 2017 KIDDO SUMMER CAMP REGISTRATION

SESSION DATES:		
CHILD'S NAME:		
Nickname/Preferred name:		
Date of Birth:	Gender: F or M	
Primary Guardian's Name:		
Cell Phone:	Work Phone:	Home Phone:
Employer:		
Email Address:		
Home Address:		
EMERGENCY CONTACT INFORMATION (at least one adult other than parent/guardian authorized to pick up child)		
Name:	Relationship:	
Cell Phone:	Work Phone:	Home Phone:
Address:		
Child's Physician:		
		Physician's Phone:
DOES YOUR CHILD HAVE ALLERGIES? YES or NO		
If YES, please describe and indicate precautions/emergency procedures:		
Is your child under a physician's care or taking medications on a regular basis? YES or NO		
If YES, please provide details:		
Parent/Guardian Signature:		Date:

BNB MANAGEMENT NOTES:



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BOTTLES 'N BRUSHES KIDDO CAMP REGISTRATION FORM – RELEASES

Please read carefully and initial where required:

EMERGENCY MEDICAL RELEASE

In the event of injury or serious illness, I give permission for Bottles 'n Brushes staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the call.

Signature: _____ Date: _____

PHOTOGRAPHIC RELEASE

By signing below, I give permission to Bottles 'n Brushes to use photographs and videos of my child in any and all publications and all other media without limitation for the limited purposes of publicity and advertising for Bottles 'n Brushes.

Signature: _____ Date: _____

HONEST DISCLOSURE

My signature confirms that the above information is accurate; that the guidelines and procedures of the program my child is registered for will be adhered to; and that I understand it is my responsibility to keep the above information current.

Signature: _____ Date: _____