

Blooming Flower

Registration Form

Child's Information

Full Name: _____ D.O.B: _____
First Last M.I.

Nickname: _____ Grade: _____ School: _____

Parents Information

Parent/Guardian 1:

Parent/Guardian 2:

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

City State ZIP Code

Does your child have any allergies?

YES NO

If yes please explain:

Does your child take any medication? Please list each one with time taken.

I, _____, understand that Blooming Flower is a camp for Middle School Girls that will take place in Bartlesville, Oklahoma where my child will stay overnight. I understand that the camp is \$400 per child, which must be paid in full before my child can attend the camp. My child will receive a \$50 gift card that they can use for meals on set days. I have an outline/discussed my child's allergies, conditions, and medication regimen with camp leaders. I'm also aware that the camp leaders are not responsible if my child chooses to eat, taste, or interact with foods/items that they are allergic to. Please complete the attached liability and waiver form.

Parent Signature

Student Signature