

The GEMS Camp Retreat 2017

Dallas | June 22nd – June 25th | Wyndham Dallas Suites - Park Central

Please complete this form to register your special young lady for The GEMS Camp Retreat 2017. Completed forms should be brought to orientation on June 22nd. Incomplete forms will not be processed. **For questions, contact Ms. Ivette Valadez, Dallas Camp Director at (214) 650-8099 or ivette@thegemscamp.org.**

A confirmation email will be sent as soon as this form is received. All gems are required to attend orientation, which will be Saturday, June 22ND. Please visit the website www.thegemscamp.org for camp details including schedule, hotel information, and what to bring.

PERSONAL INFORMATION				
Applicant's Name (Last, First, Middle):		Nickname:		
Street Address:		City, State & Zip:		
Home Phone: ()	Email:	Other Phone:		
Age:	Current Grade Level:	Last Math Course Taken:		
2016 – 2017 Test Scores				
Name of School	Math STAAR Score	Science STAAR Score	End of Year Math Average	Overall Average (i.e. A+, A-, B+, B-, etc.)

PARENTAL/GUARDIAN INFORMATION		
Parent/Legal Guardian Name (Last, First):		Cell Phone: ()
Street Address, City, State, & Zip:		Email:
Employer:	Occupation:	Work Phone: ()
Did your child qualify for free/reduced lunch during the 2013 – 2014 school year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE POLICY INFORMATION

Name of Primary Policy Holder:

Name of Insurance:

Policy Number:

Group Number:

EMERGENCY CONTACT INFORMATION

In case of an emergency, how should we contact you:

Phone:

()

If we are unable to reach you, provide the name of a secondary contact:

Phone:

()

Please list all known food and/or drug allergies:

Are there any medical conditions or learning disabilities of which we should be aware?

Must be able to provide any medical papers necessary in case of emergency

Are there any medications she will be taking while in our care?

Non-prescription medication and prescription medication must be signed-in during camp.

If neither the authorized persons designated above nor I can be contacted in the event of an emergency, I authorize the adults in charge at The GEMS Camp program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified GEMS Camp of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself. *(Please print the doctor's full name below.)*

Physician's Name:

Phone:

Address (include City and Zip):

Parent/Guardian Signature:

Date: