

GreenDot Designer's Lounge  
Camp Registration Form & Emergency/Release Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or guardian name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_

Class title or Camp Session \_\_\_\_\_ Fee \_\_\_\_\_

Class title or Camp Session \_\_\_\_\_ Fee \_\_\_\_\_

Class title or Camp Session \_\_\_\_\_ Fee \_\_\_\_\_

Total \_\_\_\_\_

May we add you to our email list? Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your permission to use class photos in our promotional materials?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any physical or medical condition (asthma, allergies, diabetes, etc.)  
or take any medications we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

If parent or guardian cannot be reached in an emergency, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Individual, other than parent or guardian, authorized to pick up child from class:

Name \_\_\_\_\_ Phone \_\_\_\_\_

By signing this registration form, I agree that:

- 1) In an emergency, GreenDot Designer's Lounge has my permission to seek medical treatment for my child. I understand the cost for ambulance and treatment will be my responsibility.
- 2) I am aware the Camp has an off-site field trip. I give my permission for my child to ride in a vehicle with seat belts with a GreenDot teacher.
- 3) I understand my child will only be permitted to leave class/camp with me or someone I've authorized on this form.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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