



## OHLA Hotel Summer Camp

### Student Participant Registration Form

Advisor First Name:

Advisor Last Name:

Student First Name:

Student Last Name:

Student Home Address:

Street

City

State

Zip Code

Student Phone Number:

Student Email Address:

Food Allergies:

Student Gender:

### Emergency Contact

First Name:

Last Name:

Cell Phone Number:

Home Number

Work Phone Number:

I understand that the school district staff member is responsible for the conduct and grooming, as described in the Hotel Summer Camp Information and Agenda document, of each student participant attending; that each student participant will be required to take part in all Hotel Summer Camp activities; that no student participant or school district staff chaperone will leave the Hotel Summer Camp except in case of emergency and with permission of the Camp Director. The school district staff chaperone attending hereby grants the person in charge of the Hotel Summer Camp permission to obtain medical help if needed and releases the host hotel, OHLA, and its personnel from liability for any occurrence in relation to said Hotel Summer Camp. Photos and videos taken during the Hotel Summer Camp may be used by OHLA in publications. All participants agree to stay through the entire Hotel Summer Camp.

**Please Sign Below**

Student Signature & Date:

Advisor Signature & Date:

Parent/ Guardian Signature & Date: