

## **SUMMER CAMP APPLICATION for STUDENT**

Please print clearly and email to snicely@starbaseok.org

Name:			Goes by name:	<del> </del>
Last	First	MI		
Parent/Legal Guardian Name: _			Relationshi	p:
Address:		<del></del>	Phone Number: (	)
City:		State:	Zip Code: _	··········
Email Address:		W	fork Phone: ( )	
Summer Camp Dates:		, 2024	Student's Age:	Grade:
Date of Birth:/	_/ <mark>Tuls</mark>	sa Air Nationa	al Guard Dependent:	Yes No
In Case of Emergency: Contact:	<u> </u>		Phone Number: (	)
Please note any <b>MEDICAL PI</b> special issues which chaperone	•		•	a, allergies, etc.) other
In case of an emergency, I give or illness. This treatment may should occur, it is my understa agree the cost of such medical of	include transportinding that all reas	ing of my ch sonable effo	nild to a medical fa	acility. If such a situation
	RELEAS	E OF LIAB	ILITY	
I understand that my child, outdoor activities as well.  I agree and promise to hold acting under its permission and upon	completely harmless	s and totally in	demnify the Oklahoma	a National Guard and those
I grant permission for my copermission for photography and vide that I or my child may have in connection	hild to participate in o for promotional and	the STARBAS d advertising p	SE program and its af	filiated activities, including
SIGNATURE OF PARENT O	R GUARDIAN		DATE	

\*\*\*<u>Students need to bring snacks, lunches and water with refillable containers. Thank you!</u> \*\*\*
NO flipflops or sandals!! School appropriate clothes, shorts are ok. Don't forget the sunscreen!!