



## STEAM for Girls Day Camp

July 29—August 2, 2024 9am—12:30pm

### Registration Form

*To complete your child's registration for STEAM for Girls Camp*

*Complete this form and return it with the Waiver and Release Form in order to secure your spot.*

First Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Second Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

1. Parent/ Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Adult Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Parent/ Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Adult Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (other than Parent): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical History: Does your child have any medical conditions that we should know about?

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

How did you hear about the STEAM for Girls Camp \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Photo Release**— To be completed by Parent / Guardian:

I authorize STEAMTrunk and related outside agencies of the STEAM for Girls Day Camp to take and use photographs of my child for advertising and print purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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**Payment Information**

We accept checks, credit card and Venmo payments. Spots in the camp are limited and will not be guaranteed until payment and forms are received. Cost for first child is \$175 sibling discounted rate: \$125

Pay by Check: Mail check and completed registration and waiver forms to:

STEAMTrunk  
PO Box 1265  
Arroyo Grande, CA 93421

Pay with Credit Card. Mail completed Registration and Waiver & Release forms to address above

Name \_\_\_\_\_ Amount \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Yes! I want to donate to help other girls attend. Added to my total: \_\_\_\_\_