

YOUTH POWER SUMMER CAMP 2017

Registration Form

Enrollment Date: _____
00/00/0000

CAMP FEE (\$180) AMOUNT PD _____

Childs Name: _____ Age: _____ Date of Birth: _____

Parent/ Guardian Name: _____

Home Phone: () _____ Cell Phone :() _____

Home Address: _____

Email Address: _____

Camp Transportation: Bus Pick-up/Drop off _____ Parent Drop off/Pick up _____

Parent/Guardian Work information:

Place of Employment: _____ Employer Phone: () _____

Employer Address: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Phone#: () _____ Address: _____

Contact Name: _____ Relationship: _____

Phone#: () _____ Address: _____

Authorized pick up:

Name: _____ Relationship _____ Phone#: () _____

Name: _____ Relationship _____ Phone#: () _____

Name: _____ Relationship _____ Phone#: () _____

Youth Power Permissions

I _____ (Do or Do not) give permission for photography for publicity purposes.
Print Name Circle One

Signature: _____ Date: _____

I _____ (Do or Do not) give Permission for my child, to be transported by authorized Youth
Print Name Circle One

Power personnel.

Signature: _____ Date: _____

Medical Form

Childs Name: _____

Date of Birth: _____
00/00/0000

Primary Care Physician _____ Phone: () _____

Family Med. Ins. _____ Policy or Group No. _____

Alt. Medical Ins. _____ Policy or Group No. _____

Last Health Examination _____ Are Immunizations up to date? **Yes or NO.**

Has Child had any serious illness or injury requiring medical attention within the past year? **Yes or No.**

Please explain:

Chronic or Recurring Illnesses (check those that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Diabetes* |
| <input type="checkbox"/> Heart Defect/Disease* | <input type="checkbox"/> Seizures* | <input type="checkbox"/> Skin Disorder* |

For the ones marked with a star please provide an emergency plan with Youth Power Director.

Others (specify)

Allergies: (list all that apply specify & nature of allergic reaction)

Allergy	Reaction

Please provide an emergency plan with Youth Power Director

List any medications that are prescribed or taken regularly:

Medication	Dosage	Frequency

CAMP RELEASE/WAIVER FOR YOUTH POWER SUMMER CAMP (MINORS)

Name of Minor: _____

Please Print

I, undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all camp activities at Youth Power Summer Camp. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter either 3rd and 4th Grade camps or Junior High camps observation, use of facilities and/or equipment, or participation of the above programs, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (I) I have read this document, (II) I have inspected Youth Power Summer Camp facilities and equipment, (III) I accept them as being safe and reasonably suited for the purposes intended, and (IV) I voluntarily sign this document.
2. Release Youth Summer Camp, its directors, officers, employees, and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by releases or otherwise and while such minor is in or near Youth Summer Camp.
3. I agree not to sue releases for any loss, damage, injury or death described above and I will indemnify and hold harmless releases and each of them for any loss, liability, camp; whether caused by the negligence of releases or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of releases or otherwise.
5. I do hereby authorize Youth Power Summer Camp as an agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or of the Missouri Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Youth Power Summer Camp is not responsible for costs incurred for medical care.
6. Youth Power Summer Camp may use my child's photo for promotional purposes. I intend for this document to be as broad and inclusive as is permitted by the laws of the state of Missouri; if any portion hereof is held invalid, I agree the balance shall continue in full legal force effect.

Signature of Parent/Guardian

Date

Print Name

**PLEASE PRINT AND TURN IN TO THE OFFICE AT THE
263 W. MORGAN STREET LOCATION. THANKS!**