



2018 S.A.F.E. Summer Camp Registration

General Information
(PLEASE PRINT CLEARLY)

Participant Name: _____

Last First

Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

T-shirt Size: (Please circle) Youth Small Medium Large

Adult Small Medium Large XL XXL

Current Grade _____ School _____ Birth date _____

Age _____ Male _____ Female _____ DCFS involved Y _____ N _____

Racial background/ethnicity: (check as many as apply)

- American Indian, Hawaiian Pacific Islander, Black/ African American, Asian, Caucasian /White/ European, Latin American/Hispanic

Existing Services (please circle): TANF WIC Free/ Reduced Lunch None

Parent/Guardian _____ Cell Phone _____

Place of Employment _____ E-Mail _____

In Case of Emergency

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____



Medical Information

To be completed in detail for ALL participants Please use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions

Each camper’s medical background is required as part of campers registration process. The coordinator must be advised **in writing** of any conditions that would limit the camper’s ability to participate in any programs.

(Please circle all that apply)

Allergies:

Insect Bites/ Stings Hay Fever Poison Ivy/ Oak Other

Please specify any accommodations that are needed _____

Food Allergies and Dietary Restrictions

Vegetarian Vegan Kosher Allergy Other

Please specify any accommodations that are needed _____

Health Concerns

Ear Infections Asthma Diabetes Convulsions Skin Conditions Incontinence Other

Please specify any accommodations that are needed _____

Disabilities

ADD/ADHD Emotional Disability Learning Disability Physical Disability Visual Disability

Deaf/Hard of Hearing Behavioral Problems Other

Please specify any accommodations that are needed _____

** If an inhaler is used, send two. One will be kept at our office in case one is lost.**

I do do not give permission for my child/ward to self administer his/her inhaler at camp if a staff feels its safe and appropriate.

I do do not give permission to the program coordinator to share information relevant to the prescribed medication administration as they determine appropriate for my child’s/ward’s health and safety.

Name of Medication	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Doctor _____ Phone _____

Health Insurance Co _____ Policy # _____

YOU MUST ATTACH A RECORD OF IMMUNIZATIONS AND ANNUAL PHYSICAL. IT MUST BE SIGNED BY A DOCTOR.

This health history is correct, so far as I know, and the person herein described had permission to engage in all prescribed activities except as noted

Parent/ Guardian signature _____ date _____



Transportation

All students upon boarding our bus are not released from our charge without proof of authority for removal and approval of the bus driver while in transit. Garden of Prayer has my permission to release my child to the following people. Your child will NOT be released to any person not listed below. All campers must have on file an authorized statement from the parent or guardian naming persons to whom the student may be released. Attach additional sheet, if necessary.

Name and Phone Number(s) of person(s) **other than parents** allowed to pick up your child

1. Name _____ Home Phone _____

Relationship to camper _____ Cell Phone _____

2. Name _____ Home Phone _____

Relationship to camper _____ Cell Phone _____

Any special instructions, such as custody or restraining orders must be attached to this application. All information will be kept confidential

Drop off and Pick up Agreement

(I) _____ agree to the following

- I, the parent/guardian, agree to pick up, or make arrangements for my child to be picked up, as soon as possible, if the camp staff notifies me that my child has become ill during camp. (Initial) _____
- I the parent/guardian, agree to pick up my child on time. Five dollars will be charged for every 15 minutes that a camper remains after the designated pick up time. For example, if my child's drop off time is 4:00pm, a (\$5) fee will be assessed for pick up between 4:01-4:15, a (\$10) fee will be assessed for a pick up between 4:15-4:30 (Initial) _____
- I give my child/ward permission to walk home immediately following camp sessions. (**Applicable for participants 9 and older**)(Initial) _____

Signature of parent or guardian of camper

X _____ Date _____



Camper Name _____

I _____ hereby agree as the follows:

Print Name of parent/guardian

I agree that my child is voluntarily participating in the activities offered by GOPYC including but not limited to, the use of the equipment, facilities, and premises I am assuming, on behalf of myself and/ or my child/ward, all risk of personal injury, death or disability to my child/ward that might result from said participation, or any damage, loss or theft of any personal property which I or my child/ward my incur.

I understand and accept these guidelines _____
Parent/guardian signature

Garden of Prayer does not discriminate on the basis of race, color, sex, handicap, religion, or national origin. GOPYC reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period

I understand and accept these guidelines _____
Parent/guardian signature

I give GOPYC permission to photograph and/ or videotape my child for public relations and / or marketing purposes. Photos will remain archived with GOPYC and can be used for promotional purposes without notification.

I understand and accept these guidelines _____
Parent/guardian signature

I give permission to GOPYC to transport my child for the purpose of field trips and / or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/ or scheduling conflicts without notice.

I understand and accept these guidelines _____
Parent/guardian signature

I authorize GOPYC management to act as the agent of parents in any emergency situation for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required.

I understand and accept these guidelines _____
Parent/guardian signature

I agree on behalf of my child/ward and their successors, heirs, and assigns to hold Garden of Prayer Youth Center and it's affiliates, instructors, directors, agents, employees, licensors, as well as the property owners harmless from any and all causes of action arising out of my child's/ward's participation

I understand and accept these guidelines _____
Parent/guardian signature

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of ALL liability and waiver and right that I may have on behalf of myself and or my child/ward to bring any legal action or assert a claim for injury or loss of any kind against Garden of Prayer Youth Center.

I have read the above, been given the opportunity to ask questions, considered its effects, understand it's content, and agree to the terms stated above

Signature of Parent/Guardian

date