

Redeeming Lives - Building Leaders - Transforming Communities

SUMMER CAMP REGISTRATION

\$50 Registration fee PER CHILD due with completed form.

CAMPER NAME: _____ Age: _____ Birth Date: ____ / ____ / ____

Grade- next fall: _____ Gender: **[M] [F]** Can this camper swim without assistance? [Y] [N]

CAMPER NAME: _____ Age: _____ Birth Date: ____ / ____ / ____

Grade- next fall: _____ Gender: **[M] [F]** Can this camper swim without assistance? [Y] [N]

CAMPER NAME: _____ Age: _____ Birth Date: ____ / ____ / ____

Grade- next fall: _____ Gender: **[M] [F]** Can this camper swim without assistance? [Y] [N]

CAMPER NAME: _____ Age: _____ Birth Date: ____ / ____ / ____

Grade- next fall: _____ Gender: **[M] [F]** Can this camper swim without assistance? [Y] [N]

Street Address: _____ City: _____

Parent/Guardian Name: _____ Cell Phone: _____

Relationship to student: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Additional Contact Name: _____ Phone: _____

Pediatrician/Clinic Name: _____ Phone: _____

Date of child(ren)'s last Tetanus shot(s): _____

Please list all special medical conditions (allergies, medications, etc.): _____

EMERGENCY CONTACT INFORMATION

The following data is required of all program participants for Tiper Pause to secure funding for the portion of Summer Camp costs not paid by the participant families. Omission of this information can result in your child being denied participation.

Estimated Annual Household Income: \$ _____ /Month or Year (select one) Rent or Own? _____ Family Size: _____ (#/people living in home)

Family Type: (select one)

- Single parent female
- Single parent male
- Two-parent household
- Single person
- Non-parent relative

Race: (select one)

- American Indian or Alaska Native
- Asian
- Black or African American
- White/Caucasian
- Multi-race (any two or more of the above)
- Other: _____

Ethnicity: (select one)

- Hispanic, Latino or Spanish origin
- NOT Hispanic, Latino or Spanish origin

Source of Family Income: (select ALL that apply)

- One or more sources of active employment
- Zero income - no active employment
- TANF
- SSI
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Other

Health Insurance: (select ALL that apply)

- Have Health Insurance
- No Health Insurance
- Disable

An effort will always be made to contact you first but if cannot be reached, please list the name and phone number of an individual(s) you appoint/authorize to make decisions in the event of an emergency.

Name: _____ **Phone:** _____ **Relationship:** _____

Please circle if you are involved with any of the following agencies: **CYS** **BC-SCORES**
 Please list any previous injuries we should be aware of, especially if they result in activity restrictions: _____

MEDICAL INFORMATION

Food Allergies (peanuts, dyes, lactose)	Medicine Allergies (penicillin, aspirin)	Medical Conditions (seizures, diabetes, asthma)	Medications (Inhaler, Epi-pen)
Others			

PROGRAM WAIVERS, CONSENTS, AND RELEASES

Waiver: I give my permission, as my initials and signature indicate, for the child(ren) listed to participate in the Tiger Pause Youth Ministry Summer Camp Program and to participate in all events, such as, but not limited to: field trips, community outreach activities, sports, etc. In the event of an emergency, I understand that an effort will be made to contact me first. However, if a parent/legal guardian or the individual indicated and authorized to make emergency decisions listed above cannot be reached, I give permission for Tiger Pause staff to seek medical treatment or to authorize emergency medical care including: medical, surgical, or dental diagnosis or treatment, X-ray examinations, anesthetic, and hospital care, under the advice and supervision of licensed medical personnel under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I recognize that I am liable and agree to pay all costs incurred in connection with such medical and dental services as may be rendered to my child. If immediate medical attention is necessary, I consent to have Tiger Pause Summer Camp staff, leaders, or volunteers act in my behalf and grant permission for emergency treatment to be administered until a parent/ legal guardian or the authorized individual listed can be reached. I will not hold Tiger Pause Youth Ministry or cooperating organizations, churches, or their staff members, volunteers, or representatives liable for injuries which may occur to my child(ren), for any accident or loss to the child(ren), or for medical treatment made under this authorization.

Liability Release: I release, forever discharge, and agree to hold harmless the Tiger Pause Summer Camp directors and staff from all liability, claims or demands for personal injury, sickness, or death, as well as any damage to property or any expenses of any nature whatsoever which I and/or my child(ren) may incur while the above listed child(ren) is participating in any field trip or any activities whatsoever related to camp.

Photo Release: I understand that at Tiger Pause events or related activities, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. When an identification of a student is made, only the first name of the student may be used. I will not hold Tiger Pause Summer Camp liable for the use of child(ren)'s picture or video for the purpose of any promotional or fundraising endeavor.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

For families enrolling more than one children, please attach any additional completed form