

Re de e m i n g L i v e s - B u i l d i n g L e a d e r s - T r a n s f o r m i n g C o m m u n i t i e s

DROP IN PROGRAM REGISTRATION

CDC guidelines will be followed to the best of our ability.

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

Grade next fall: _____ Gender: **[M]** **[F]**

T shirt size: _____

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

Grade next fall: _____ Gender: **[M]** **[F]**

T shirt size: _____

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

Grade next fall: _____ Gender: **[M]** **[F]**

T shirt size: _____

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

Grade next fall: _____ Gender: **[M]** **[F]**

T shirt size: _____

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): _____

EMERGENCY CONTACT

INFORMATION

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 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 Community Drop In Program and to participate in all events, such as, but not limited to: educational component, crafts, bible lesson, and high energy games. 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 Drop In Program 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.

COVID-19 Release: Tiger Pause Youth Ministry cannot prevent your child(ren) [or you] from becoming exposed to, contracting, or spreading COVID-19 while utilizing Tiger Pause Youth Ministry's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if your children [or you] choose to utilize Tiger Pause Youth Ministry's services and/or enter onto Tiger Pause Youth Ministry's premises you may be exposing your child(ren) and yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for my children and/or myself in order to utilize Tiger Pause Youth Ministry's services and enter Tiger Pause Youth Ministry's premises. These services are of such value to my children [and/or to me] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Tiger Pause Youth Ministry's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Tiger Pause Youth Ministry and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Tiger Pause Youth Ministry's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence.

Liability Release: I release, forever discharge, and agree to hold harmless the Tiger Pause Summer Drop In Program 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 Drop In Program 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

