# SUMMER CAMP REGISTRATION

$50Registration 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 ]**

T shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER NAME**:

Age: Birth Date: / /

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

Can this camper swim without assistance? **[ Y ] [ N ]**

T shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER NAME**:

Age: Birth Date**:**  / /

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

Can this camper swim without assistance? **[ Y ] [ N ]**

T shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER NAME**:

Age: Birth Date**:**  / /

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

Can this camper swim without assistance? **[ Y ] [ N ]**

T shirt size:\_\_\_\_\_\_\_\_\_\_\_\_\_

*Re d ee m i n g L i v e s - B u ild i n g L e a d e r s - Tra n s f o r m i n g C o mmu n it i e s*

**SUMMER CAMP REGISTRATION**

Please Print Clearly

TIGER PAUSE

YOUTH MINIS RY

*PLEASE FILL OUT THE OTHER OTHER SIDE*

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 Tiger 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 Rent or Own? Family Size:

(select one) (#/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.

*PLEASE FILL OUT THE OTHER OTHER SIDE*

Revised 4/18/2018

**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 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.

**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 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.

**School & Data Security:** The Director of Tiger Pause Youth Ministry has my permission to access the school records (academic progress reports, school attendance, disciplinary information, etc.) of my child(ren). The director also has my permission to review this information with the program mentors assigned to work with my child(ren). I understand that Tiger Pause will protect the privacy of the data it collects and will not share it with any other agency except as required for contract funding reimbursement.

**Transportation Release:** I give permission for Tiger Pause Youth Ministry to provide transportation from their location to Tiger Pause Youth Ministry facilities. I give permission for Tiger Pause Youth Ministry to provide transportation from Tiger Pause Youth Ministry facilities to their location

**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.

Has the school recommended for your child(ren) to attend summer school? If so, which school?

\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name

Parent/Guardian Signature Date

For families enrolling more than one child, please attach any additional completed forms.