



Project insight Youth Camp **REGISTRATION FORM** (Revised 5-6-14)

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM.

Name _____ Date of Birth _____

Parent(s)/Guardian(s) _____

Address (Include e-mail, street address, city, state, zip code.) _____

Are both parents/guardians authorized to pick up the participant? Yes/No _____

Father's daytime phone # _____ cell # _____

Mother's daytime phone # _____ cell # _____

Other emergency contact:

Name _____ relationship _____

Daytime phone # _____ cell # _____

Medical Conditions: Does he/she need medication during camp hours? Yes/No _____

If YES, you must fill out the medication form attached to the PACKING LIST.

If you answer YES to any of the following questions, please explain on back or other page.

Has your son/daughter had any illnesses or injuries in the past year? YES/NO _____

Does your son/daughter have any allergies (to food, medications, or other)? YES/NO _____

Does your son/daughter have any special dietary needs? YES/NO _____

Name of physician _____ phone # _____

Address _____

Health Insurance _____

Insurance ID # _____ Group ID # _____

Waiver of liability: Upon signing this form, in the event that my child should require emergency medical treatment and I cannot be reached, I authorize the camp staff to seek appropriate medical treatment for my child, and I will accept all financial responsibility for the emergency care. I authorize camp staff to provide the above medical information to medical personnel if the need should arise. *Project Insight* or staff will not be held liable. I grant my child permission to participate in all activities of the *Project Insight Youth Camp* and to be filmed, videotaped, audio taped or photographed by any means. I am granting use of his/her likeness, voice, words, or artwork unless I specifically deny permission on back or other page.

Parent/Guardian Signature _____ Date _____