

Pine Grove Association MAGIC Camp Registration Form



Child

Name _____ Gender: Male _____ Female _____
School Name _____ Grade _____ Birth date _____ Age _____
Address _____
Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

Name _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

Name _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Emergency Contact #2

Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance _____

Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital _____

Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

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Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

The information provided is accurate and I understand that the Pine Grove Association staff or volunteers will not dispense any medication to any child. The Pine Grove Association will not be liable for any reaction to medication dispensed by the child, parent or guardian on the Pine Grove Association premises.

I understand that the Pine Grove Association, Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Photo Release

I hereby give permission for my child to be photographed or video taped during the **Pine Grove Association, Inc. MAGIC Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, social medial and on the internet. I do not expect compensation and that all photos are the property of Pine Grove Association, Inc. and its affiliates.

Transportation Release

I hereby give permission for the transportation of my child for official **Pine Grove Association, Inc.** activities by modes of transportation agreed to by the camp organizers.

Field Trips

I hereby give permission for my child to attend field trips/outings planned by the Pine Grove Association.

I agree that the Pine Grove Association and its officers, directors, employees, and volunteers are not liable for any accident, injury, medical expenses or other damages that may be incurred by my child on the premises of the Pine Grove Community Center or other facility used by the Pine Grove Association, or during any activity sponsored, or conducted by the Pine Grove Association. I further agree to indemnify, defend and hold harmless the Pine Grove Association, its officers, directors, employees or volunteers, from any and all causes of action that may be brought against them as a result of any injuries or damages incurred by my children while participating in any Pine Grove Association.

The Pine Grove Association is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

By signing below, I confirm and state that I have read and agree to all the terms listed on this form.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____