



UNITY IN THE COMMUNITY

For information: 573-298-6188

To Email application:

columbia@pwrhousecdc.org

To dropoff or mail: Powerhouse

601 Business Loop 70W, Suite 204

Columbia, MO 65203

Registration Form

PLEASE PRINT

CAMP FEE for the summer: **\$300**

CAMP WEEKLY FEE: **\$30**

Enrollment Date: _____

Child's First/Last Name: _____

Age: _____ Date of Birth: _____ 23/24 Grade _____

Parent/ Guardian Name: _____

Home Phone: _____ Cell Phone : _____

Home Address: _____

Email Address: _____

Camp Transportation: Bus Pick-up/Drop off _____ Parent Drop off/Pick up _____

Parent/Guardian Work information:

Place of Employment: _____ Employer Phone: _____

Employer Address: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Phone#: _____ Address: _____

Contact Name: _____ Relationship: _____

Phone# _____ Address: _____

Authorized pick up:

Name: _____ Relationship _____ Phone#: _____

Name: _____ Relationship _____ Phone#: _____

Name: _____ Relationship: _____ Phone# _____

Camp I LOVE ME Permissions

I _____ (Do or Do not) give permission for my child to be photographed and utilized for promotional purposes.

Signature: _____ Date: _____

I _____ (Do or Do not) give Permission for my child to be transported by authorized Camp I LOVE ME personnel.

Signature: _____ Date: _____

Medical Form

Childs Name: _____ Date of Birth: _____

Primary Care Physician _____ Phone: _____

Family Med. Ins. _____ Policy or Group No. _____

Alt. Medical Ins. _____ Policy or Group No. _____

Last Health Examination _____ Are Immunizations up to date? **Yes or NO.**

Has Child had any serious illness or injury requiring medical attention within the past year? **Yes or No.**

Please explain:

Chronic or Recurring Illnesses (check those that apply)

For the ones marked with a star please provide an emergency plan with I LOVE ME Director.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Diabetes* |
| <input type="checkbox"/> Heart Defect/Disease* | <input type="checkbox"/> Seizures* | <input type="checkbox"/> Skin Disorder* |

Others (specify)

Please provide an emergency plan with Camp I LOVE ME Director

Allergies: (list all that apply specify & nature of allergic reaction)

Allergy

Reaction

List any medications that are prescribed or taken regularly:

Medication

Dosage

Frequency

CAMP RELEASE/WAIVER FOR Camp I LOVE ME SUMMER CAMP (MINORS)

Name of Minor: _____

Please Print

I, undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all camp activities at Camp I LOVE ME. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter either 3rd and 4th Grade camps or Junior High camps observation, use of facilities and/or equipment, or participation of the above programs, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (I) I have read this document, (II) I have inspected Camp I LOVE ME facilities and equipment, (III) I accept them as being safe and reasonably suited for the purposes intended, and (IV) I voluntarily sign this document.
2. Release Camp I LOVE ME, its directors, officers, employees, and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by releases or otherwise and while such minor is in or near Youth Summer Camp.
3. I agree not to sue releases for any loss, damage, injury or death described above and I will indemnify and hold harmless releases and each of them for any loss, liability, camp; whether caused by the negligence of releases or otherwise.
4. I assume full responsibility for, and risk of bodily injury, death or property damage due to the negligence of releases or otherwise.
5. I do hereby authorize Camp I LOVE ME as an agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or of the Missouri Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Camp I LOVE ME is not responsible for costs incurred for medical care.
6. Camp I LOVE ME may use my child's photo for promotional purposes. I intend for this document to be as broad and inclusive as is permitted by the laws of the state of Missouri; if any portion hereof is held invalid, I agree the balance shall continue in full legal force effect.

Signature of Parent/Guardian

Date

Print Name