

# REGISTRATION FORM

## CHILD INFO

Student ID# \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Male Female  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

## PARENT/GUARDIAN INFO

### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Mr. Mrs. Ms.  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Evening/Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Mr. Mrs. Ms.  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Evening/Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Child lives with: \_\_\_\_\_ Person responsible for payment \_\_\_\_\_

## EMERGENCY CONTACT INFO

### Alternate Pickup/Release

Code Word: \_\_\_\_\_

Name	Phone #	Email	Relationship to Child

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

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

## MEDICAL RELEASE INFO

### Insurance Information

Policy Number \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

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

Medical Problem	Required Treatment	Call Paramedics?
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

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## MEDICAL RELEASE INFO

### Additional Medical Information

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?

Yes No If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes No If yes, explain: \_\_\_\_\_

*The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.*

*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.* Parent's/Guardian's Initials \_\_\_\_\_

*I understand that the Young Explorers Enrichment Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.* Parent's/Guardian's Initials \_\_\_\_\_

## TERMS OF AGREEMENT

### Photo Release

I hereby give permission for my child to be photographed during the **Young Explorers Enrichment Center**. 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 and on the Internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Young Explorers Enrichment Center and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

### Transportation Release

I hereby give permission for the transportation of my child for official **Young Explorers Enrichment Center** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

***Young Explorers Enrichment Center** and its co-organizers are 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).*

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

### INTERNAL USE ONLY:

#### How did you heard about Young Explorers Enrichment Center?

Yard Sign Website School \_\_\_\_\_ Word of Mouth Flyer Social Media  
Other \_\_\_\_\_