

CHESTNUT GROVE CAMP MIDDLE SCHOOL REGISTRATION FORM

PLEASE PRINT AND COMPLETE EACH BLANK

Student Name: _____
(First) (Middle) (Last) (Nickname)

Date of Birth: _____ Race: _____ Sex: _____

Elementary School Student is currently attending: _____

Student's Home Address: _____ Home Phone: _____

Mother/Guardian Name: _____ Daytime Phone: _____

Mother/Guardian Address: _____ Cell Phone: _____
(If different)

Mother Employer Name: _____ Work Phone: _____

Father/Guardian Name: _____ Daytime Phone: _____

Father/Guardian Address: _____ Cell Phone: _____
(If different)

Father Employer Name: _____ Work Phone: _____

I hereby acknowledge the Camp Middle School staff will assume that either parent of the student may pick up the child at any time during the program unless there is pertinent court documentation on file with the staff of Insight Human Services that indicates otherwise.

AUTHORIZATION TO RELEASE CHILD

I hereby authorize the Camp Middle School Staff to allow the following individual(s) to pick up my child.

NOTE: YOUR CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANYONE OTHER THAN THOSE LISTED BELOW AND PARENTS LISTED ABOVE. PLEASE HAVE PICTURE IDENTIFICATION AVAILABLE WHEN YOU PICK YOUR CHILD UP.

NAME: _____ DAYTIME PHONE: _____

NAME: _____ DAYTIME PHONE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is your child allergic to any foods? _____ No _____ Yes - If yes, please list all _____

Does your child have any other allergies? _____ No _____ Yes - If yes, please list all _____

My child has the following medical conditions: _____
(Please list treatment needed for allergies and medical conditions on an additional sheet. No medications can be given.)

Insight Human Services may use my child's picture in newspaper and on the Internet. (Names will not be used) _____ Yes _____ No

Chestnut Grove Camp Middle School August 9 and 10, 2022

I would like my child to attend the session I have checked below. I will consider my child accepted for my first choice unless I receive a phone call.

AM SESSION 8:00-11:30 am _____ OR _____ PM SESSION 12:30 – 4:00 pm _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

(OVER)



STUDENT: _____

Acknowledgement of Risk of Injury/Release and Waiver. I acknowledge and understand that there may be a risk of injury involved in the activities which my child will engage in during the Program. In consideration of allowing my child to participate in the Program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify on behalf of myself and any other parent or guardian of my child, the Partners (Insight Human Services and Stokes County Schools and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers, and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs, and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in Camp Middle School athletics, activities, field trips or the above-described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

I, the undersigned, have read this release and understand all of its items. I execute it voluntarily and with full knowledge of its meaning and significance.

Certification of Ability to Participate and Medical Authorization. I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.

I, the undersigned, understand that in the case of the illness or injury of my child the staff will try to notify me or the emergency contact listed on the Program Registration form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize the Insight Human Services staff or my child's caregiver, as applicable, to obtain the necessary medical care and/or treatment, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of Insurance Company: _____

Insurance Policy Number: _____

Please write **None** if you do not have insurance: _____

If requested by emergency medical personnel, the staff will provide the following information:

Preferred Hospital: _____

Physician's Name & Phone #: _____

Medication and Medical Conditions

Does your child have any known allergies (including food) or medical conditions? YES _____ (Please explain below) NO _____
(If you checked yes, please explain what actions should be taken if a situation develops.)

Parents should place a check in the appropriate blanks.

My child has permission to watch G and PG movies. Yes _____ No _____

My child has permission to participate in activities outside. Yes _____ No _____

My child has permission to access school approved Internet sites. Yes _____ No _____

I hereby release and grant my permission to **Insight Human Services** to utilize any and all photographs or video taping/filming and /or audio recordings taken of myself, and/or my child for the purposes expressed by **Insight Human Services** in any and all media including electronic and print or any other use that **Insight Human Services** should lawfully employ, without compensation to me for such use. I understand that the general public may view this material.
Yes _____ No _____

I understand that **Insight Human Services** will be collecting basic data such as race, gender, name, grade level, and sharing information for the purpose of contractual requirements, funding, and quality improvement. While this collection and sharing is permissible by the federal law, Family Educational Rights and Privacy Act (FERPA), we would like your consent.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____