



SOKs

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Public Affairs

Success for Our Kids

Summer Enrichment Camp, Inc.

Parent Email address: _____

Application for Camp

Child's name: _____ Birth Date: _____ Age: _____

Last School attended: _____ Last Grade completed: _____

Address: _____ Home Phone #: _____
Street Address, City, State, Zip

Parent(s): _____ Work Phone: _____ Cell # _____

Parent(s): _____ Work Phone: _____ Cell # _____

My child may be released to: _____

I am interested in extended care: Yes No If yes, AM PM or Both

T-shirt size (Please circle): **YOUTH** S M L **ADULT** S M L XL 2XL 3XL

IN CASE OF EMERGENCY, call:

Name: _____ Phone # _____ Relationship: _____

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MEDICAL INFORMATION – ROUTINE HEALTH CARE:

Doctor's Name: _____ Address: _____ Phone #: _____

Clinic address: _____ Phone #: _____

Name of insurance company or type of insurance: _____

Medicaid? Yes No

List any medications your child is currently taking: _____

Medical conditions:

Please list any medical conditions that will prevent your child from engaging in physical activities.

Any health restrictions? Yes No If yes, please list:

List any allergies your child has (*food, medication, latex, insects, etc.*)

Are there any foods your child cannot eat?

Child's favorite activities:

What do we need to know about your child?

What health problems that your child has been treated for in the last five years (check all that apply):

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> VISION | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> ADD | <input type="checkbox"/> BLEEDING PROBLEMS | <input type="checkbox"/> HEARING | <input type="checkbox"/> SHUNT |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> SICKLE CELL ANEMIA | <input type="checkbox"/> HEART DISEASE | |
| <input type="checkbox"/> OTHER (Please describe): _____ | | | |

***NOTE* PARENTS ARE RESPONSIBLE FOR KEEPING ALL PHONE NUMBERS AND ADDRESSES CURRENT**

Parent/Guardian's Signature:

Date:

PERMISSION FOR EMERGENCY TREATMENT

If I cannot be reached, the Camp Coordinator has my permission to give basic first aid and to seek emergency treatment for (Child's Name) _____ at _____ Hospital or the nearest medical facility.

***PARENTS ARE RESPONSIBLE FOR ANY EXPENSES INCURRED IN SEEKING TREATMENT.**

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date Signed

Witness

Date

RELEASE OF LIABILITY FORM

On this _____ day of _____, 20____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Saint John Baptist Church / SOKs Summer Enrichment Camp and any of its employees or agents representing or related to the this entity. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this Summer Program. The undersigned further agrees to abide by all the rules and regulations promulgated by Saint John Baptist Church and/or its affiliate groups and vendors throughout the SOKs Summer Enrichment Camp Program.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date Signed

Witness

Date

PERMISSION FOR CHILD PHOTOGRAPHS

SOKs Summer Enrichment Camp has my permission to take pictures of my child(ren) during the program and place them in brochures or on display as desired.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date Signed

Witness

Date

FOR OFFICE USE ONLY	
Date Received	
	Requested copies received
	Birth Certificate
	Immunization Record
	Medical or Insurance Card

FOR OFFICE USE ONLY	
Additional Notes:	