



MO-OK Deaf Youth Camp
Ages 10 through High School
Registration Form

June 12-17
2016
Deadline May 20

<i>Office Use</i>

Name	Age	Male	Female
Address			
City	State		Zip

Parent/Guardian

Name		Home Phone	
Email	Work Phone	Mobile Phone	
Address		City	State & Zip
Name of Employer		Family's Religious Preference	

<i>Check all that apply.</i> Does the camper use: <hr/> Does camper use a sign language interpreter at school?	ASL	PSE	SEE	Lip read	Both	Oral
	Yes	No				

Camp T-shirt order form. All sizes listed are Adult

Small	Medium	Large	X-Large	XX-Large	XXX-Large
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Emergency Contact *If parent or guardian cannot be located, in case of emergency*

Name	Contact Number
Persons authorized to take child from camp (other than parent/guardian)	
Persons not permitted to take child from camp	

Authorization to participate in camp activities and pictures

I hereby give permission for my child to go on field trips away from camp premises, whether on foot or by vehicle. Photograph/Video -Deaf Youth Camp may produce a video of camp week and/or put pictures of different activities on DYC website. *(No names will be used.)*



Parent or guardian signature

Date



Registration Form


Camper's Name

I have completely read and agree with all the above form. I have entered all that pertain to my child correctly and completely to the best of my knowledge.

I further agree to indemnify and hold harmless DYC from all claims, demands, suits, causes of action, or judgments which camper ever had, now have, or may have in the future or which camper's heirs, executors, administrators, or assigns may have, or claim to have against DYC arising out of or in any way connected with the camp week, for all personal injuries, known or unknown, property damages, or claims for wrongful death, causes by the acts, omissions or negligence of DYC and on behalf and in DYC's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

For the safety and general welfare of all campers, the camp reserves the unrestricted right to dismiss a camper whose conduct or influence, in the opinion of the Director is detrimental to the best interest of the camp.

Camp is not responsible for camper's articles of clothing or personal belongings. It is strongly recommended that campers **Do Not** bring valuable items (cell phones, IPods, electronic games, tablets, NOOK, etc.).

 _____
Signature Date

(Relationship) _____

Please list as much as possible about your insurance and the deductible. Send a current picture, copy of your registration and complete Camper Health form and check/money order to:

Linda Whiggam / DYC Registration
6716 Page
St Louis, MO

Registration fee: \$90.00 Please include a recent picture of your Camper.

Checks should be made out to: MBCD/Deaf Youth Camp

DEADLINE for receiving application and fee is May 20, 2016

Refund Policy

No refund after May 20, 2016

I understand that in the event of the withdrawal, dismissal or absence of the camper after May 20, 2016, no portion of the registration fee will be refunded or waived. There will also be no refund to families or guardians, whose camper are withdrawn or are dismissed during the camp.

I have read and agreed to the terms of the Refund Policy.

 _____
Signature Date

(Relationship) _____



Permission form and Health form
Complete form - sign and date

Office Use

Camper's Name	Birth date / / SS#
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Insurance

Name of policy holder _____ Phone _____
 Policy/Group # _____ Type of coverage _____
 Please include a copy of your insurance card.

Immunization Record

Vaccine	Month and Year
Diphtheria-Tetanus-Pertussis	_____
Tetanus - Diphtheria (TD)	_____
Tetanus	_____
Polio	_____
Measles (Hard, Red)	_____
Rubella (German)	_____
Mumps	_____
Hepatitis B	_____
Other	_____

Blood Type

Check all that apply

Allergies	Bee sting	Poison Ivy	Penicillin	Poison Oak	Sumac	Dust	Epipen
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Check all that apply

Asthma	Inhaler	Nebulizer	Diabetic	Sunburns easy
Skin sensitivity due to other medical condition			Eczema	

Medicine	Dose	Time administered/X per day	Office use

Camper's Name

ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

The following information must be completed and signed by parent/guardian in order for any over-the-counter medication to be administered at Deaf Youth Camp. All medications will be administered by a Registered Nurse.

The over-the-counter medications will be available in the Nurse's Office during camp. In order for your child to receive medication, **parents must authorize each medication by initialing the box next to the medication name below.** All medications will be administered according to the package dosage directions only. Campers are not permitted to self-medicate with any over-the-counter medications while at camp.

You may choose to decline any medication be given without verbal/phone consent from you to the camp nurse. If that is your wish, please clearly mark REFUSE MEDS at the bottom of this form.

Parent Initial	Name of Medication	Parent Initial	Name of Medication	Parent Initial	Name of Medication	
	Advil		Maalox		Excedrin Migraine	<i>Office Use</i>
	Tylenol		Gas X		Robitussin	
	Aleve		Mylanta		Halls Cough Drops	
	Ibuprofen		Tums		Chloraseptic Spray	
	Excedrin		Pepcid AC		Antibiotic Ointment	
	Bufferin		Rolaids		Caladryl Lotion	
	Motrin		Benadryl		Gaviscon	
	Imodium A-D		Sudafed		Emmetrol	
	Pepto-Bismol		Claritin/Loratidine		Midol	
	Zantac		Lotion with Lidocaine			

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp Administrator or camp nurse, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child and will accept all of the expenses of emergency medical or surgical treatment.

I have informed Deaf Youth Camp of any special medical needs of my Camper and have provided them with complete and accurate instructions regarding those needs, including any necessary and lawfully prescribed drugs for my Camper. I hereby authorize DYC and Kamp Keirseay and its employees and agents to dispense medications and attend to other special needs of my Camper. I give Missouri Deaf Youth Camp's nurse permission to administer all medicines listed as per directions on container or written out by parent/guardian.



Signature

(Relationship)

Transportation Waiver & Permission Form

Child/Children: _____

Event: Deaf Youth Camp

Date: June 12-17, 2016

Location: Kamp Keirse, Amsterdam. MO

I give permission for my child/children to be transported in a motor vehicle driven to an event and other activities at specified locations during the dates indicated and returned home on June 12, 2015. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I have read, understand, and discussed with my child that:

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects;
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity going or coming to camp involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Deaf Youth Camp, Kamp Keirse, officers, and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.



Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____