



Deaf Youth Camp
Ages 10 through High School
Registration Form

**June 11-16
2017
Deadline May 22**

Office Use

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: Does camper use a sign language interpreter at school?	ASL	PSE	SEE	Lip read	Both	Oral
	Yes	No	Hearing Aid		Cochlear Implants	

Blood Type: Circle One: A+ A- B+ B- O+ O- AB+ AB-

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

Small Medium Large X-Large XX-Large XXX-Large

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 away from camp premises

I hereby give permission for my child to go on field trips away from camp premises, whether on foot or by vehicle. Photograph/Video & other similar media. 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



Waiver and Release Form

Liability Release and Parental Consent Form

I hereby waive, release and hold harmless Deaf Youth Camp/Kamp Keirse, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my child's participation in this Camp Program and any travel/transportation related to this Camp Program, whether paid for by myself or by Deaf Youth Camp/Kamp Keirse. I understand that this release and indemnification releases liability for the conduct of Deaf Youth Camp/Kamp Keirse and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

This release is intended to discharge in advance Deaf Youth Camp/Kamp Keirse, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18)

I give consent for my child _____ to participate in all the activities at Deaf Youth Camp, and I execute the above liability release on their behalf.

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 or devices, tablets, NOOK, etc.).

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Signature _____

Relationship _____



Registration Form

Camper's Name

Photograph Consent

The undersigned gives permission to Deaf Youth Camp to use photographs and audio and/or video recordings of the Deaf Youth Camp Participant for fundraising and/or marketing purposes. On occasion, participant photographs may be included in promotional videos, websites, Deaf Youth Camp albums, newsletters or our Information Folders, which contain information given to churches, associations, Interpreters, agencies and organizations for the sole purpose of promoting Deaf Youth Camp. Deaf Youth Camp respects the privacy of its participants and does not allow unauthorized visitors to photograph or video the camp or its participants without permission from the Director.

I further waive any and all rights to inspect or approve the photograph, videotape, printed material, and similar media of my and/or my minor child/children's and/ or ward(s)' name(s) and/or likeness, including any written article, script, caption or other writing that may accompany such use of my and/or my minor child/children's or ward(s)' name(s) and/or likeness. I hereby, for myself, my minor child/children's or ward(s), heirs, and executors, waive, release and forever discharge the Deaf Youth Camp/Kamp Keirse and its employees, agents, counselors, teachers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child/children's or ward(s)' name(s) and/or likeness in any such materials.

Signature

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:

**Vivian Crowley / DYC Registration
1354 E. Arlington St
Springfield, MO 65803**

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

Checks should be made out to: Deaf Youth Camp

DEADLINE for receiving application and fee is May 22,2017



Registration Form

Camper's Name

Refund Policy

No refund after May 22, 2017

I understand that in the event of the withdrawal, dismissal or absence of the camper after May 22, 2017, 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.

 _____

<i>Signature</i>	<i>Date</i>	<i>Relationship</i>
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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	_____

Emergency Contact:

If parent or guardian cannot be contacted/located, in case of emergency please contact:

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

Check all that have or easy get

Allergies	Bee sting	Poison Ivy	Penicillin	Poison Oak	Sumac	Dust	Epipen
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Blood Type: Circle One: A+ A- B+ B- O+ O- AB+ AB-

Check all that apply

Hearing Aids	Cochlear Implant	Asthma	Inhaler	Nebulizer	Diabetic	Sunburns easy
Skin sensitivity due to other medical condition					Eczema	



Camper's Name

Medications

Name of Medication	Dosage	Time Administered/X per day	Office Use

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 or a member of DYC Administrative team.

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	<i>Office Use</i>
	Advil		Maalox		Excedrin Migraine	
	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			



Consent for Treatment

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp Administrator, camp nurse or emergency medical personnel, or surgeon, in case of a sudden illness or injury while participating in the activities at Deaf Youth Camp, 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.

It is understood that Deaf Youth Camp will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have informed Deaf Youth Camp of any special medical needs and diagnosis of my child and have provided them with complete and accurate instructions regarding those needs, including any necessary and lawfully prescribed drugs for my child. I hereby authorize Deaf Youth Camp and Kamp Keirsej and its employees and agents to dispense medications and attend to other special needs of my child.

I give Deaf Youth Camp's nurse and the administrative team permission to administer all medicines listed as per directions on container or written out by parent/guardian and any information and have written information regarding the diagnosis of my child.

Signature

(Relationship)

Any diagnosis for my child other than deafness:



Signature

Relationship



Transportation Waiver & Permission Form

Child/Children: _____

Event: Deaf Youth Camp

Date: June 11-16, 2017

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 16, 2017. 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:

- (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: _____