

# Sunrise Neighborhood Youth Program Summer Camp Enrollment Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade completed \_\_\_\_\_

	Parent/ Guardian 1	Parent/ Guardian 2
Name		
Address		
City/ Zip		
Home Phone		
Email		
Employer/ Work Phone		
Cell		

List the people you have authorized to drop off/ pick up your child or who can serve as an emergency contact.

	Name	Home Phone #	Work Phone #
1.			
2.			
3.			
4.			

Check the weeks your child will attend, please be accurate. If you reserve a spot, you are responsible to pay for that week unless two week's written notice is given to the Director

[illegible]

Please check t-shirt size:

Youth X-Small	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large

Medical Information/ Health History

Physicians Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I verify that my child's doctor has examined my child within the last twelve months and states that my child is able to participate in all activities of the program.

Parent/ Guardian Signature \_\_\_\_\_

Please indicate any reasons your child should be excluded from physical activities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For your child's safety and our knowledge, is your child a:

☐ Good swimmer      ☐ Fair swimmer      ☐ Non-swimmer

Does your child have allergies to:

☐ Food    ☐ Medications    ☐ Insect Stings    ☐ Poison Ivy or other Plants    ☐ Other

Please provide details for any item checked \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child currently being treated, or have they ever been treated for any of the following:

☐ Asthma    ☐ Diabetes    ☐ Epilepsy/seizure disorder    ☐ Heart trouble    ☐ Frequently upset stomach  
☐ Physical handicap

Does your child wear:

☐ Glasses    ☐ Contact lenses

Does your child take any medications regularly? If so, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If medications will be taken at Sunrise, a separate medication form must be completed.

Please list any additional medical information you feel we might need

---

---

My child's immunizations are up to date and a copy of them is on file at:

---

Name of School

Telephone

(If immunization records are not on file at any school, a copy of current immunization records must be submitted.)

Emergency Medical Attention:

---

Medical/health insurance company

Insurance Policy Number

---

In case of emergency, first person to notify \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Any additional information regarding my child's health that a doctor should know:

---

---

In the event of an urgent medical emergency, I authorize Sunrise to take my child to the nearest medical facility available. I understand that Sunrise has an arrangement with South Austin Hospital and it will be the facility of first choice because of the close proximity to the camp and the prior arrangement this facility has with Sunrise.

Parent's Signature \_\_\_\_\_

#### PERMISSION AND WAIVER RELEASE FORM

The staff of SNYP takes every precaution to make all activities as safe as possible. However, participation in supervised athletic and similar activities includes a risk of injury which may range from minor to major injuries.

Although serious injuries are not common in a supervised program, it is possible to minimize, not eliminate this risk.

Participants must obey all safety rules at all times.

Please read and complete the following consent and release form for the added protection of your child. This form must be accepted in its entirety. If you have questions regarding particular items, please consult the director prior to signing and submitting this form.

I hereby give my consent to Sunrise Neighborhood Youth Program to provide transportation for my Child on field trips and other excursions conducted by and supervised by the Sunrise Neighborhood Youth Program staff. I understand that transportation may be by Sunrise vans or private vehicles. I may ask for details on a particular field trip's mode of transportation if I desire.

During the summer, all children will go to the pool at scheduled times each week. I give \_\_\_\_ do not give \_\_\_\_ my permission for my child to use the diving board at the pool. I certify that my child is able to swim well enough to be in this depth of water without any problems.

I, \_\_\_\_\_, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold liable Sunrise, it's officers, agents and employees, from any and all actions, causes of action, claims, demands, costs, or damages as a result of property damage or personal injuries sustained by myself, my child/children, or my property arising from or resulting from any act of omission or otherwise of Sunrise, it's officers, agents and employees while participating in SNYP.

I further release Sunrise, it's officers, agents and employees from all liability for personal injury resulting from my child's failure or the failure of other participants in the activity to obey safety regulations and directions of the activity leader, in response to emergencies which occur during the activity, provided, however that nothing contained herein shall excuse any employee of Sunrise or person assigned to be an activity leader by an employee of Sunrise, from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstances.

I hereby authorize Sunrise to consent to emergency medical or dental treatment for my child while my child is a participant in the Sunrise Neighborhood Youth Program. I understand that Sunrise will make all reasonable efforts to contact me and provide me with notice in the event that my child requires emergency medical or dental treatment. In the event that Sunrise cannot contact me and give me notice, I understand that I am hereby authorizing Sunrise to consent to such treatment on my behalf. I understand that Sunrise Community Church will seek necessary emergency treatment for my child only in the event my child is injured or harmed while engaged in a program or activity sponsored by Sunrise Community Church.

Please carefully read and initial each of the following statements:

1. \_\_\_\_\_ I have received and read a copy of the program policies and rules for the summer camp. I understand there are rules of conduct and consequences listed for negative behavior. I have discussed the policies and rules with my child.

2. \_\_\_\_\_ I have read the financial policies of the program and agree to abide by them.

3. \_\_\_\_\_ I understand that the camps last week ends on August 11<sup>th</sup>.

4. \_\_\_\_\_ I understand that there is a late fee when I pick up my child after 6:00pm. This fee is \$1.00 for each minute beyond 6:05pm. The fee is due upon arrival of picking up my child to the counselor who stayed late to watch my child.

5. \_\_\_\_\_ I understand that if my child is going to be absent, I need to leave a message with the camp office, (512) 444-3326, by 9am. I also understand that if my child is going to arrive or leave in the middle of the day, it is my responsibility to verify in advance where the group will be and make arrangements to sign in or out my child at times that don't conflict with field trips and swimming. Children may not wait in the office for parents to pick them up when their group is going on an outing.

6. \_\_\_\_\_ I understand there are fees involved for making changes to my enrollment schedule.

7. \_\_\_\_\_ I understand that my child is not to bring anything of value to camp including: money, video games, trading cards, cell phones. No cell phones are allowed out while at camp. Sunrise is not responsible for items brought to camp and lost or stolen.

I agree to the above and to the program policies I have received.

Name of child \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

Where did you hear about us? ☐Yelp ☐Flier ☐Austin Family Magazine ☐ Referred by friend ☐Other