

Youth's FULL NAME		Youth's HOME ADDRESS	ZIPCODE	PHONE
SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	DATE OF		NAME OF PERSON APPLYING FOR YOUTH <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
	Birth	Registration	ADDRESS OF PERSON APPLYING FOR YOUTH	
WHAT SCHOOL DOES THE YOUTH ATTEND?		E-MAIL ADDRESS		
GRADE YOUR YOUTH IS CURRENTLY IN:		WHO DOES THE YOUTH LIVE WITH? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____		

PROGRAM SITE  Leadership Camp

CAMP WEEKS ATTENDING : July 27-August 6th (NO CAMP FRIDAYS)

Youth's Source of Medical Care/Primary Care Physician's Name: <i>MUST BE FILLED OUT</i>	Telephone Number: <i>MUST BE FILLED OUT</i>
Youth's Source of Dental Care/Dentist's Name: <i>MUST BE FILLED OUT</i>	Telephone Number: <i>MUST BE FILLED OUT</i>
Name of Medical Care Facility/Hospital: <i>MUST BE FILLED OUT</i>	Telephone Number: <i>MUST BE FILLED OUT</i>

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER & ADDRESS (DURING HOURS OF CAMP)	Other Telephone Number (Check type)
		PARENT/ GUARDIAN		
				<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Cell <input type="checkbox"/> Other

Any information that will assist us when working with your child (diet, habits, etc.):

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Does youth receive special services (IEP, 504, speech, OT, PT)

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Medications:

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Allergies:



2026 SUMMER CAMP

PROGRAM SITE:  Leadership Camp

*Dear Parent/Guardian: We are seeking your cooperation in helping us to provide an additional safeguard regarding the pick-up of your child(ren) at the end of each program day. This will authorize only certain individuals to pick up your children. Your children will not be released to anyone not listed below. You (or any authorized individual listed) will be asked to sign out your child before they will be released. It will be necessary for you to get out of your vehicle and get your child at a designated pick up point. Staff may request photo ID to verify the identity of person(s) authorized to pick up your child.*

Name of Youth: \_\_\_\_\_

**Please list those authorized to pick-up your youth from the program (please include yourself).**

<u>Name (First/Last)</u>	<u>Relationship to Child</u>	<u>Phone/Cell</u>
	<b>Parent/Guardian</b>	

<u>PARENT/GUARDIAN INITIALS</u>	<u>PARENTAL/GUARDIAN RESPONSIBILITY CONTRACT</u>
1.	I, the undersigned, certify that my child _____ has my permission to take part in the program conducted by the Amherst Youth & Recreation Dept. I allow my child to participate in all walking and Field Trips taken in Amherst Van. In consideration of the acceptance and enrollment of my child in the program, I do hereby expressly waive any claim for injuries sustained by said child participating in the program.
2.	I understand this is a well child program. I will not send my child to the program if they are ill.
3.	My child will bring in their own sunscreen and apply as needed. They are responsible to reapply throughout the day.
4.	I understand that the Amherst Youth Program promotes healthy lifestyles. I will not send my child(ren) to the program with clothing or gear reflecting inappropriate messages regarding smoking, drinking, sexuality, etc.
5.	The parent/guardian MUST submit a list of persons authorized to pick-up their child(ren). Photo ID must be provided for all individuals authorized for pick-up.
6.	I will take all steps necessary to insure that any/all individuals authorized to pick-up my child will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site.
7.	I realize that my child needs to be picked up on time when program ends at 3:30pm. Children are not allowed to leave program on their own and/or stay after program hours.
8.	The Amherst Youth & Recreation Dept. has my permission to use photos, videos and audio recording or other likenesses taken of my child(ren) for the purpose of publicizing its programs and activities.
9.	I agree to release my contact information to the Amherst Youth Foundation (partner to the Amherst Youth & Recreation Dept.). This information may be used for needs assessments, marketing and providing information about fundraising events or activities the Foundation may be sponsoring on behalf of Amherst Youth & Recreation and/or this program.
10.	If my child, for any reason cannot attend, or will be late to the Program on a given day for which he/she is registered, I will contact the Program by 9:30am to inform them of this. No refunds are given for non-attendance.
11.	I understand the camp will not provide coolers for my child's lunch. An insulated lunch bag is recommended.

**I, the undersigned have read, understand, and accept the conditions by which I must abide and which are contained in the Parental/Guardian Responsibility Contract and Program Handbook. Failure to comply may result in loss of program privileges.**

SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE
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