



2023 SUMMER CAMP REGISTRATION FORM

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____ Citizenship _____ Country _____
House Number _____ Digital code No. _____ Child's Home Phone _____
Child lives with: _____ Student Passport Number _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____ Citizenship _____
House Number _____ Digital Code No. _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____ Location _____
Occupation _____ Employer _____ Country _____

Parent/Guardian #2

First _____ Last _____
Street Address _____ Citizenship _____
House Number _____ Digital code No. _____ Home Phone _____ Location _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____ Country _____

Emergency Contact Information – Alternate Pickup on Arrival

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____



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Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required treatment

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment during the summer camp.

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **JCL Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of JCL Company and its affiliates.

Parent's/Guardian's Initials _____

The JCL and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

Guardian Signature: _____ Date: _____



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Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend JCL, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against JCL due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2023 JCL Summer Camp. In the event of any medical emergency, I authorize and consent for JCL to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor

Phone Number

*Parent Signature

Contact Phone Number

Date