

# INNER CITY YOUTH GROUP

## Student Enrollment Form

This form must be completed and signed by a parent/guardian of a student enrolling in the Inner City Youth Group summer camp. **PLEASE PRINT.**

### STUDENT INFORMATION

Student School \_\_\_\_\_ Immanuel Lutheran Church    Bethany Christian Church    St. Paul Lutheran Church  
Selected Location (Please Circle)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_

(    ) \_\_\_\_\_ T-SHIRT SIZE (circle one): **YM, YL, AS, AM, AL, AXL, AXXL**

Phone Number \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **MALE**                      **FEMALE**                      \_\_\_\_\_  
Birth date                      Gender (circle one)                      Race/Ethnicity

How did you hear about this Program? (Choose One)

- Friend**                       **Teacher/  
Counselor**                       **Community  
organization**                       **Church**

### PARENT/GUARDIAN INFORMATION

#### Parent/Guardian #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone (if different from student)

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
E-Mail Address (if applicable)

#### Parent/Guardian #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone (if different from student)

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
E-Mail Address (if applicable)

### Parent/Guardian Signature

I give my child permission to participate in the Inner City Youth Group.

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

# INNER CITY YOUTH GROUP

## EMERGENCY MEDICAL CARE (To be completed by the parent or guardian)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. INITIAL \_\_\_\_\_

2. Health/Insurance Information:

STUDENT'S DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

LAST TETANUS: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY HOLDER'S ID: \_\_\_\_\_

RELIGIOUS PREFERENCE: (OPTIONAL) \_\_\_\_\_

3. Medical History

CONDITION	YES	NO	ALLERGIES	YES	NO
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	PENICILLIN	<input type="checkbox"/>	<input type="checkbox"/>
EAR INFECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	INSECT STINGS	<input type="checkbox"/>	<input type="checkbox"/>
CONVULSIONS	<input type="checkbox"/>	<input type="checkbox"/>	FOODS	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	PLANTS	<input type="checkbox"/>	<input type="checkbox"/>
*CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input type="checkbox"/>
*MEASLES	<input type="checkbox"/>	<input type="checkbox"/>			
*GERMAN MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	IF YES TO ANY OF THE ABOVE, PLEASE SPECIFY:		
RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>			
*MUMPS	<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIES NOT MENTIONED ABOVE:		
CORRECTIVE DEVICE (glasses, hearing aid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
HAS YOUR CHILD BEEN EXPOSED TO ANY COMMUNICABLE DISEASES DURING THE PAST THREE WEEKS? IF YES, WHAT DISEASE	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any chronic or recurrent illness/disorder not mentioned above, or conditions that could result in an emergency:

LIST SIGNIFICANT ILLNESSES OR SURGERIES. PROVIDE THE DATE AND ANY INSTRUCTIONS


SPECIAL INSTRUCTIONS OR NEEDS THAT PROGRAM STAFF SHOULD BE AWARE OF:

- Child has behavioral difficulties  
 Child has emotional disabilities  
 Other (describe)

DOES YOUR CHILD TAKE MEDICATION FOR ANY CONDITION? IF YES, DESCRIBE THE CONDITION.

YES  NO

ACTIVITIES TO BE ENCOURAGED:

--

ACTIVITIES YOUR CHILD CANNOT PARTICIPATE IN:

--

IF YOUR CHILD NEEDS MEDICATION OF ANY SORT, INCLUDING INHALERS, DURING THE PROGRAM DAY, PLEASE REQUEST A MEDICATION AUTHORIZATION FORM FROM THE PROGRAM STAFF.

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

Date \_\_\_\_\_

# INNER CITY YOUTH GROUP

## Emergency Contacts

Please identify persons who may be called during program hours and for emergency medical care, if you are not available.

### Emergency Contact #1

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/ Alternate Phone:  
\_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_

Relationship to Student:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

City/State/Zip:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/ Alternate Phone:  
\_\_\_\_\_

**Program Initial Start Date is July 5, 2017 at 8am.**

**The summer program is for 6-weeks, July 5 thru August 15, 2017 from 8am to 4pm.**

**All parents are required to attend Parent Orientation.**

### **Sign in and Sign Out Policy:**

All participants 9 years of age and younger REQUIRES a signer upon arrival and departure. If your child is 10 years of age and older, the parent/guardian allows the youth participant to sign in and out of the program daily. Please list below, other authorized signers other than emergency contacts:

\_\_\_\_\_ Relationship

\_\_\_\_\_ Relationship

\_\_\_\_\_ Relationship

\_\_\_\_\_ Relationship

# INNER CITY YOUTH GROUP

I certify that I am the parent or legal guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_ .  
Name of Child  
MM/DD/YYYY

## PHOTO/VIDEO/INTERVIEW CONSENT

### ***TO BE COMPLETED BY THE PARENT OR GUARDIAN***

I understand that this program features special events and media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote Inner City Youth Group.

I give permission for my child to be photographed or otherwise recorded during workshop events and activities, and for any and all such photographs to be displayed by Inner City Youth Group. in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

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

\_\_\_\_\_  
Date

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during the Inner City Youth Group program and activities. As a result, my child may not be able to participate in these events and activities.

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

\_\_\_\_\_  
Date

## CONSENT FOR PARTICIPATION IN EVALUATION & RESEARCH

### ***TO BE COMPLETED BY THE PARENT OR GUARDIAN***

I understand that my student is participating in a program that collects information for evaluation and research purposes. This information may be use in reports or grant applications. Students may be asked to complete surveys or other documents to assist in collecting information. This information may be sent digitally or in paper form. This information will be used solely for the evaluation and research of the Inner City Youth Group.

I give permission for my child to participate in the evaluation and research activities for Inner City Youth Group.

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

\_\_\_\_\_  
Date

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to participate in research and evaluation activities for Inner City Youth Group. As a result, my child may not be able to participate in these events and activities.

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

\_\_\_\_\_  
Date