



DREAM BUILDERS 2019 SUMMER YOUTH EMPOWERMENT CAMP REGISTRATION FORM

There is a non-refundable \$25 registration fee for all summer camp registrants, excluding children who are currently enrolled in the Dream Builders Greatness Empowerment Center After-School Program.

Student Information

PLEASE PRINT ALL INFORMATION CLEARLY

Child's Full Name: _____
Last First Nickname

Parent/Guardian's Name: _____
Last First

Parent/Guardian's Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Day Time Phone for Parent or Guardian name _____

() _____ Email Address: _____

BEST EMERGENCY CONTACT # FOR PARENT OR GUARDIAN NAME:

() _____

BEST EMERGENCY CONTACT # FOR PARENT OR GUARDIAN NAME:

() _____

1. Child's Full Name _____
Last First Nickname

Birth Date: _____ Grade Completed: _____

T-Shirt Size (circle one): Child S M L ~ Adult S M L XL 2X 3X 4X

If you have more than one child being enrolled, please complete the information below:

2. Child's Full Name _____
Last First Nickname

Birth Date: _____ Grade Completed: _____

T-Shirt Size (circle one): Child S M L ~ Adult S M L XL 2X 3X 4X

3. Child's Full Name _____
Last First Nickname

Birth Date: _____ Grade Completed: _____

T-Shirt Size (circle one): Child S M L ~ Adult S M L XL 2X 3X 4X

4. Child's Full Name _____
Last First Nickname

Birth Date: _____ Grade Complete _____

T-Shirt Size (circle one): Child S M L Adult S M L XL 2X 3X 4X

5. Child's Full Name _____
Last First Nickname

Birth Date: _____ Grade Completed: _____

T-Shirt Size (circle one): Child S M L Adult S M L XL 2X 3X 4X

Emergency Contact Information

Primary Emergency Contact if parent(s) can't be reached

Full Name: _____
Last First

Relationship to Student: _____

Phone Number: __ (____) _____

Secondary Emergency Contact if parent(s) can't be reached

Full Name: _____
Last First

Relationship to Student: _____

Phone Number: __ (____) _____

Child Pick-Up Information

Please list below the persons who have ***Permission*** to pick up your child.

Note: Anyone picking up your child must have picture ID.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Information

Please complete the following immunization information for our records and provide a copy of your child(ren)'s most recent shot record.

CHILD' NAME:

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

CHILD' NAME:

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

CHILD' NAME:

Month/Year	Immunization
	DTP (Diptheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

CHILD' NAME:

Month/Year	Immunization
	DTP (Diptheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

I hereby certify that my son/daughter is fully capable of participating in this camp program.

Date

Parent's or Guardian's Signature

Camp staff is not permitted to dispense medication.

In the event of an emergency, if I cannot be contacted, you have my permission to treat my child.

Signature: _____

Insurance Company: _____ Policy #: _____

Name of child's pediatrician: _____

Phone Number: _____

Preferred Hospital: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

DREAM BUILDERS GREATNESS

Summer Youth Empowerment Camp Registration

AUTHORIZATION OF TREATMENT:

I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

Initials

RELEASE STATEMENT:

I acknowledge that there are natural hazards associated with activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities (running, jumping, skipping, skating, etc.) of camp. In consideration of Dream Builders Greatness Summer Youth Empowerment Camp accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge Dream Builders Greatness Center, its directors and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Initials

PHOTO RELEASE:

I hereby give my permission for my child's picture to be used by Dream Builders Greatness Summer Youth Empowerment Camp publications or video programs.

Initials

WATER ACTIVITIES:

I understand that the camp includes activities in or near water. I give my permission for my child to participate in all water activities.

Initials

TRAVEL:

I give my permission for my child to travel in the camp van to field trip destinations (movies, skating, pool, parks, restaurants) which correlate to the camp activities. I understand that I will be informed of the field trips scheduled on the first day of camp.

Initials

MOVIES

I understand that campers will only view movies that have a rating of "G" or "PG." We will make every effort to screen movies prior to viewing by campers. By my initials I give permission for my child to view these movies.

_____ (INITIAL)

SUNSCREEN

I understand that I must put sunscreen on my child every day before coming to camp. The campers will be reminded to reapply sunscreen at lunch time.

_____ (INITIAL)

ELECTRONICS

I understand that Game boys, Nintendo DS, PSP's, iPods, Headphones, etc. should be kept home and not brought to camp. Campers will have enough activities to keep them busy.

_____ (INITIAL)

PERSONAL BELONGINGS

I understand that all belongings should be labeled to help prevent being lost. I also understand that it is the camper's responsibility to keep track of his or her belongings. In the event that any items are lost, Dream Builders Greatness will not be held responsible.

_____ (INITIAL)

I acknowledge receipt of these policies and understand my responsibilities as the guardian of: