



Spring 2020 - Emergency Out of School Program Registration

Child's Name: _____ Date of Birth: _____ Gender: Male Female

Nickname (if any): _____ Age: _____ Grade: _____

School: _____

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
½ Day Morning					
Full Day					

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions: (Please circle yes or no for each)

Yes or No Asthma: _____

Yes or No Allergies*: _____

Yes or No Special Diet/Food Sensitivities: _____

Yes or No Diabetes: _____

Yes or No Epilepsy or Seizures: _____

Yes or No Takes Regular Medications: _____

Yes or No Allergic to Medications*: _____

Yes or No ADD/ADHD: _____

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)
 Court Orders must be provided to the Vanderkamp to legally prevent a parent from having access to and/or picking up a child

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Please note if allergic reaction is intolerance or anaphylactic

Other information we should know about your child: _____

Primary Contact:

Name: _____ Relationship to Child: _____ Does child reside with you: Yes or No
Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____
Email Address: _____

Secondary Contact:

Name: _____ Relationship to Child: _____ Does child reside with you: Yes or No
Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____
Email Address: _____

Emergency Contact:

Name: _____ Relationship to Child: _____
Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____
Email Address: _____

Additional Authorized Release Persons (if applicable):

Name: _____ Relationship to Child: _____
Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Name: _____ Relationship to Child: _____
Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Physician:

Name: _____ Phone: (____) ____ - _____
Address: _____ City/Town: _____ State: _____ Zip: _____
Hospital Choice (in an emergency & if possible): _____

Health Insurance:

Company: _____ Group: _____ ID #: _____

Topical Over the Counter Medication Parental Permission:

Name of Topical Medication	Directions for Administration	Valid Dates for Administration
Sunscreen (provided by parent)	Per Product Label	3/20-2020-6/30/2020
Insect Repellant (provided by parent)	Per Product Label	3/20-2020-6/30/2020
Waterless Hand Sanitizer (provided by program)	Per Product Label	3/20-2020-6/30/2020

Parent/Guardian Signature: _____ Date: _____

Medications:

Does your child take any medications? Yes or No If YES please list all medications, the reason for taking, dosages and what time(s) of day medication is to be dispensed. Please use additional page if needed.

Medication	Reason for Taking	Dosage	Time of Day Dispensed

Authorization for Medical treatment of Minors:

This health information is correct and accurately reflects the health status of the individual to whom it pertains. The person described has permission to participate in all activities except as noted and/or by an examining licensed medical professional. I give permission to the licensed medical professional selected by the Vanderkamp to order x-rays, routine tests, and treatment related to the health of the individual for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the licensed medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the individual. I understand the information on this form will be shared on a 'need to know' basis with Vanderkamp staff and volunteers. I give permission to photocopy this form. In addition, the Vanderkamp has permission to obtain a copy of the described individual's health record from providers who treat them, and these providers may talk with the program's staff and volunteers about the described individual's health status.

Parent/Guardian Signature: _____ Date: _____

Photo/Video Release:

I grant to Vanderkamp, its representatives, employees, and volunteers the right to take photographs and/or video of my child. I authorize Vanderkamp Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. and may use such photographs and/or video for any lawful purpose, including publicity, illustration, advertising, and web content.

Parent/Guardian Signature: _____ Date: _____

Child Signature: _____ Date: _____

Acknowledgement of Risk and Waiver of Liability:

SAFETY is our top priority at Vanderkamp. There are, however, inherent risks of which you need to be aware to make an informed decision about the appropriateness of your child's participation in this program. This form serves as notice of the risks of participation and your child's responsibilities toward their safety and the safety of other program participants.

The principles of "Challenge by Choice" apply to each activity throughout the program meaning participation is voluntary and each individual determines the level of participation to which they can commit without subjecting themselves to undo physical or emotional duress or harm. Experienced staff and volunteers will present the safety considerations of each activity and will constantly monitor the activity and safety of the group.

Each participant, prior to the program will complete an Acknowledgement of Risk and Waiver of Liability form, a Medical Information form which includes consent for treatment.

READ CAREFULLY BEFORE SIGNING

Parent/Guardian

I, agree that my child's participation in this program at Vanderkamp is entirely voluntary.

I, have received, read and understand a 2020 Parent Handbook.

I, understand and appreciate that there are certain inherent risks involved in the event which are beyond the control of Vanderkamp, its Board of Directors, staff and volunteers. I am aware of such risks and to acknowledge my child's responsibility to be alert, use good judgment, and participate only in activities that are well within their mental and physical capabilities. Potential injuries include but are not limited to dehydration, fractures, sprains, skin abrasions, rope burns, insect bites, weather-related illness or injury (e.g., sunburn, frostbite).

I, hereby certify that my child is physically and emotionally fit and able to participate in this program at Vanderkamp.

I, understand that every care and attention will be given to the health and comfort of the youth participating in the program, but that Vanderkamp, its Board of Directors, staff and volunteers cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.

I, understand that Vanderkamp does not provide any accident or medical insurance coverage for my child and that I am financially responsible for all medical expenses that may be incurred which exceed the limits of my own personal accident or medical insurance.

I, acknowledge that I have had the opportunity to ask questions regarding any possible risks or hazards.

I, understand that Vanderkamp, its Board of Directors, staff and volunteers assume no responsibility or liability for accident, illness, or loss of/damage to personal property resulting from participation in this program.

Youth/Child

I accept the responsibility to ask Vanderkamp staff or volunteers to explain any activity, decision or procedure with which I am uncomfortable and will not engage in any activity unless I have considered it carefully and accept responsibility for the inherent risks.

I DO HEREBY RELEASE VANDERKAMP, ITS BOARD OF DIRECTORS, STAFF AND VOLUNTEERS FROM ANY CLAIMS, DAMAGES, LIABILITY, AND INJURIES IN ANY FORM ARISING OUT OF INVOLVEMENT IN THIS PROGRAM AND USE OF VANDERKAMP CENTER FACILITIES

Parent/Guardian Signature: _____ Date: _____

Child Signature: _____ Date: _____