



SAFE PASSAGE URBAN RHYTHMS SUMMER CAMP



JUNE 5, 2018 - JULY 27, 2018

BETTER FAMILY LIFE, INC.

REGISTRATION FORM

NON-REFUNDABLE \$25.00 REGISTRATION FEE

TODAY'S DATE: _____

START DATE: _____

YOUTH'S INFORMATION

Youth's Full Name (First, Middle & Last Name)	Sex (M/F)	Age	Birth Date	Grade Entering

Before Care _____ Full Day _____ ½ Day _____ Aftercare _____

Home Address	City/State/Zip
Home Phone	School Attending in the Fall: _____
Does your child have an IEP? : <input type="checkbox"/> YES <input type="checkbox"/> NO	

Youth's Race-/Ethnicity: American Indian or Alaska Native Asian Black or African-American
 Hispanic or Latino/American Caucasian Mixed/Bi-racial Other _____

PARENT/GUARDIAN INFORMATION

(Answer the questions below for the primary parent/guardian living in the home)

Name:	Relationship to Youth:	
Address:		
City:	State:	Zip Code:
Daytime/Work Phone:	Home Phone:	
Cell Phone/ Pager: Receive text: <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address:	

EMERGENCY CONTACT INFORMATION - In case of emergency, I give permission for my child to receive medical treatment. YES NO IN CASE OF EMERGENCY CONTACT

Name	Relationship to Youth
Daytime Phone:	Evening Phone:
Cell Phone/ Pager:	Work Phone:

PRIMARY PHYSICIAN:

Name:	Address:	Phone Number:

CHECK YES OR NO



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- YES** **NO** Is currently on medication (if you check yes, please list them) _____
 YES **NO** Has allergies to medication(if you check yes, please list them) _____
 YES **NO** Physical impairments that would prohibit him/her from participation _____
 YES **NO** Allergic to certain foods (if you check yes, please list them) _____
 YES **NO** Has Asthma _____
 YES **NO** Other Health restrictions _____

ADDITIONAL MEDICAL INFORMATION:

- Required health history (Identify approximate last date of immunizations) :** Tetanus _____
 Booster _____ Mumps _____ Polio _____ Rubella _____
 Measles _____ DPT (Diphtheria, Whooping Cough) _____

CHECK LIST OF INFORMATION THAT MUST BE SUBMITTED COPIED WITH APPLICATION

- Copy of insurance card (front & back) State Medical Release Copy of parent/guardian/pickup person photo

TRANSPORTATION:

- YES** **NO** Parent/Guardian will pick up **YES** **NO** will walk home from the program

Who is authorized to pick up the student? _____

Number in Household (Required) _____

Income level (Required) 0-\$23,449 _____ \$23,550-\$31,949 _____ \$31,950-\$39,630 _____ other _____

CONSENT FOR EMERGENCY OR MEDICAL TREATMENT OF STUDENT

THIS DOCUMENT MUST BE ON FILE FOR THE DURATION OF YOUR CHILDS' PARTICIPATION IN SAFE PASSAGE URBAN RHYTHMS SUMMER PROGRAM. IN CASE OF AN EMERGENCY OR MEDICAL TREATMENT I HEREBY GIVE MY CONSENT/OR AUTHORIZE SAFE PASSAGE URBAN RHYTHMS SUMMER CAMP STAFF TO PROVIDE MEDICAL TREATMENT OR SERVICES TO OR FOR MY CHILD. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR MEDICAL CARE REQUIRED, AND IS TO SERVE AS SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSES, TREATMENT, OR HOSPITAL CARE WHICH MAY BE DEEMED NECESSARY. MEDICAL SERVICES ARE APPROVED DURING HIS/HER PARTICIPATION WITH SAFE PASSAGE URBAN RHYTHMS SUMMER PROGRAM.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

OTHER RELATIVES IN THE PROGRAM

NAME:	RELATIONSHIP TO YOUTH

Important Information - Release of Liability

I/we the undersigned natural parent(s) or Legal Guardian(s) desire and consent to my/our child to attend and become officially enrolled in SAFE Passage Urban Rhythms Summer Camp. I will release and discharge Better Family Life and it's representatives, BFL Real Estate, BFL Master Tenant employees, and consultants from any and all claims, losses, demands, damages, causes of action, judgments, or suits of any kind which either I/We or my/our child may have arising out of or in connection with my/our child's participation and enrollment in SAFE Passage Urban Rhythms Summer Camp. I/We do hereby agree to have and indemnify and keep harmless Better Family Life, Inc. and it's representatives, BFL Real Estate, BFL Master Tenant, employees, Board members, volunteers, and consultants, against any and all liability, claims, judgments, or demands for damages which either I/We or my child may have arising from or in conjunction with my/our child's participation and enrollment in SAFE Passage Urban Rhythms Summer Camp.

As part of this program, research may be conducted or statistical information may be gathered to accurately access the effectiveness of the program and your child's individual needs. Information from this form will be shared with the Program Staff only. By signing this form you also give consent for SAFE Passage Urban Rhythms Summer Camp to utilize photograph/Video taken of your child to be used in advertising and promotional materials.

Parent Signature: _____ Date: _____

Received Reg. fee _____ Family Discount _____