



Youth Transplant Camp Registration

We welcome participation of youth without regard to race, color, religion, sex, national origin, disability, ancestry, age, income eligibility, sexual orientation, or marital or family status.

PLEASE PRINT CLEARLY

Camper's Name: Last _____ First _____ MI ____ **Circle One:** M F

Referred to camp by: _____

Address: Street _____ City _____ State ____ Zip _____ Phone (____) _____ County _____

School attended 2008/2009 _____ **School District** _____ **Grade next fall** ____ **Date of birth** __/__/__

Shirt Size: (Circle One) YS YM YL S M L XL XXL

Ethnicity (Optional): Circle One: White African-Amer. Hispanic Asian Other

PARENT/GUARDIAN/FOSTER PARENT INFORMATION

1. **Name** _____
Relationship _____
Home Address: Street _____
Work Phone (____) _____
Home Phone (____) _____

City _____ State ____ Zip _____
Cell Phone (____) _____
Email: _____

2. **Name** _____
Relationship _____
Home Address: Street _____
Work Phone (____) _____
Home Phone (____) _____

City _____ State ____ Zip _____
Cell Phone :(____) _____
Email: _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY NOTIFY:

(List 2 contacts at 2 different addresses)

1. **Name** _____
Relationship _____
Home Address: Street _____
Work Phone (____) _____
Home Phone (____) _____

City _____ State ____ Zip _____
Cell Phone :(____) _____
Email: _____

2. **Name** _____
Relationship _____
Home Address: Street _____
Work Phone (____) _____
Home Phone (____) _____

City _____ State ____ Zip _____
Cell Phone :(____) _____
Email: _____

AUTHORIZATION FOR CAMPER PICK-UP Any additional persons to whom child may or may not be released:

May **May not**

VISA MC AMEX Discover

CAMP REGISTRATIN FEE: \$50.00

My check is enclosed.
 Please bill my Credit Card
 Signature: _____

Credit Card Number:
□□□□□□□□□□□□□□□□

Expiration Date (MM/YYYY):
□□/□□□□

PARENTAL ACKNOWLEDGMENT AND CONSENT

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. **Authorization for treatment:** I hereby give permission to the medical personnel selected by Joy Outdoor Education Center, LLC (JOEC) to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes; I give permission to JOEC to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by JOEC to secure and administer treatment, including hospitalization, for the person named above. I give permission to the JOEC medical staff to assist my child with over-the-counter medication if needed.

Signature of Parent/Legal Guardian _____ **Date** _____