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|  | ***2018***  **LUNCH AND LEARN SUMMER CAMP** |  |

**Registration Form**

The information in this form is confidential and will only be used to help Lunch and Learn meet the needs of your child. Please complete the Registration Form in its entirety, mark N/A if a section does not apply to you, and sign or initial where indicated. If at any time you need to update the information provided in this form, please contact staff immediately to update. Additional information may be requested later (i.e. immunization records, medical administration instructions, field trip participation permission forms, etc.).

Participants must comply with all guidelines, rules, and regulations put forth by Lunch and Learn, Community Health and Empowerment through Education and Research, Inc., and partners. Failure to comply may result in suspension or termination from the summer camp.

Parents and participants are expected to attend safety orientation sessions prior to the first day of camp.

Please direct questions or concerns to Doris Duarte, 301-588-4834, [dorisduarte@aol.com](mailto:dorisduarte@aol.com), or Jackie Frazier 301-357-4752.

**Participant Information – PLEASE PRINT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant’s Name: | | | | |
| Gender: | Date of Birth: | | Grade: | |
| School: | | | | |
| Mailing Address: | | | | |
| City: | | State: | | Zip Code: |
| Phone Number: | | | | |
| Primary Language Spoken at Home: | | | | |
| Emergency Contact Name: | | | | |
| Phone Number: | | | | |
| Relationship to Participant: | | | | |

**Description of Your Child -** Please tell us about your child. Describe his or her interests, hobbies, extracurricular activities, and anything else that will help us get to know your child better.

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**Family Information**

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| --- | --- | --- | --- |
| Parent/Guardian Name: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone Number: | Email: | | |

## Pick-Up Authorization – Your child will only be released to authorized individuals listed below. Authorized individuals must be at least 14 years old. Verbal authorization will not be accepted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Relationship: | | | |
| Address: | | | | |
| City: | | | State: | Zip Code: |
| Phone Number: | | Email: | | |
| Name: | Relationship: | | | |
| Address: | | | | |
| City: | | | State: | Zip Code: |
| Phone Number: | | Email: | | |

**Swimming Authorization** - My child has permission to participate in swimming instructions and other water activities at Piney Branch Elementary School Pool. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

Child’s Swimming Ability: \_\_\_\_\_\_ Non-swimmer \_\_\_\_\_\_ Beginner \_\_\_\_\_\_ Intermediate \_\_\_\_\_\_\_\_ Advanced

**ONLY ONE-PIECE SWIM SUITS ARE PERMITTED**

I HAVE SPOKEN TO MY CHILD REGARDING THE DANGERS OF SWIMMING, AND HE OR SHE IS WILLING TO ATTEND THE SWIMMING CLASS AND WILL OBEY ALL THE CAMP POLICIES AND GUIDELINES. I ACCEPT AND ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY COST AND/OR DAMAGES FOLLOWING AN INJURY RELATED TO THE EVENT(S), INCLUDING PARALYZED DISABILITY, OR HEALTH EVENT, IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENT OF THE FOLLOWING RELEASE: LUNCH AND LEARN, ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON, CITY OF TAKOMA PARK GOVERNMENT, COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH, INC., TAKOMA ACADEMY, MONTGOMERY COUNTY GOVERNMENT, AND ANY EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS OF SAME. MY ACCEPTANCE OF THE RISKS INCLUDES RELEASING AND AGREEING NOT TO SUE THE ABOVE AGENCIES. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASE FOR EACH OF THEM FROM ANY AND ALL LITIGATION EXPENSES. I EVEN AGREE AND UNDERSTAND THE RISKS I CONSENT TO THE MINOR PARTICIPATING IN THE EVENT(S).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip Authorization** - My child has permission to participate in field trips, including swimming and pool activities at Piney Branch Elementary School Pool, trips to the local library or park, neighborhood walks, etc. The mode of transportation for field trips will be walking, private or public bus, MCPS bus, or van.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Authorization/Consent to Medical Treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Allergies to Food or Drugs: |  | | |
|  | | |
| Medication Your Child is Taking: |  | | |
|  | | |
| Important Medical History: |  | | |
|  | | |
| Date of Last Tetanus Immunization: | | | Blood Type: |
| Insurance Company: | | | |
| Policy Holder’s Name: | | | |
| Policy Number: | | Group Number: | |

I AUTHORIZE THE ADMINISTRATION OF ALL MEDICAL, DENTAL, AND SURGICAL EXAMINATIONS, VARIOUS OPERATIONS, TREATMENT, AND ALL RELATED CARE INCLUDING EMERGENCY OR AMBULANCE TRANSPORTATION AND THE ADMINISTRATION OF DRUGS, TESTS, ANESTHESIA, AND BLOOD TRANSFUSIONS TO MY CHILD WHEN A PHYSICIAN OR DENTIST AT THE MEDICAL FACILITY DEEMS THOSE PROCEDURES NECESSARY FOR EMERGENCY TREATMENT. I CONSENT TO THE RELEASE OF MEDICAL REPORTS TO ANY DOCTOR OR AGENCY AND CONSENT TO THE ADMISSION OF MY CHILD TO THE HOSPITAL. I UNDERSTAND THE LUNCH AND LEARN PROGRAM COORDINATOR OR DIRECTOR, EMPLOYEES, ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON, CITY OF TAKOMA PARK GOVERNMENT, PINEY BRANCH POOL STAFF, COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH, INC., MONTGOMERY COUNTY GOVERNMENT, AND TAKOMA ACADEMY SCHOOL OFFICERS, EMPLOYEES AND VOLUNTEERS ASSUME NO FINANCIAL OBLIGATION OR LIABILITY IN CASE OF MY CHILD'S ACCIDENT OR ILLNESS. I ASSUME FULL FINANCIAL RESPONSIBILITY FOR EMERGENCY TREATMENT TO MY CHILD.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Permissions** - Please indicate below whether you give permission for the following things:

* Lunch and Learn to take and use photos and videos of my child to promote the camp (i.e. in brochures, newsletters, reports, website, and social media).

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* Lunch and Learn to occasionally surveys my child for the purpose of improving the program (*Note: Any survey for any purpose other than program improvement will have a separate permission process. This is just for program improvement information*).

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* I consent to sharing information about my child’s progress to the staff of Lunch and Learn, and CHEER.

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* I agree to provide copy of my child’s report card to Lunch and Learn. \_\_\_\_\_\_\_\_ (Initial Here)

* I agree to hold harmless from liability due to accident or injury Lunch and Learn, Community Health and Empowerment through Education and Research, Inc., and all partner organizations.

## Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank You!**

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