

CAMP WOODSIDE REGISTRATION FORM

Mailing Address: c/o Lampstand, 143 Boardman-Canfield Rd., Ste. #141, Youngstown, OH 44512

Child Information:

(1) Name:	Date of Birth:	Gender: M or F	Age:	Grade ('10-'11):	Preferred Name:
Address, City, State, Zip:			With whom does the child live?		
Please list any allergies or special needs:			May the child walk to/from program: Y or N		
District & School Attended ('10-'11):			Received Free/Reduced Lunch in '10-'11? Y or N		
(2) Name:	Date of Birth:	Gender: M or F	Age:	Grade ('10-'11):	Preferred Name:
Address, City, State, Zip:			With whom does the child live?		
Please list any allergies or special needs:			May the child leave our programs unattended:		
District & School Attended ('10-'11):			Received Free/Reduced Lunch in '10-'11? Y or N		
(3) Name:	Date of Birth:	Gender: M or F	Age:	Grade ('10-'11):	Preferred Name:
Address, City, State, Zip:			With whom does the child live?		
Please list any allergies or special needs:			May the child walk to/from program: Y or N		
District & School Attended ('10-'11):			Received Free/Reduced Lunch in '10-'11? Y or N		
(4) Name:	Date of Birth:	Gender: M or F	Age:	Grade ('10-'11):	Preferred Name:
Address, City, State, Zip:			With whom does the child live?		
Please list any allergies or special needs:			May the child walk to/from program: Y or N		
District & School Attended ('10-'11):			Received Free/Reduced Lunch in '10-'11? Y or N		

Legal Parent/Guardian Information:

Full Name(s):		
Relationship to Child:	Day Phone:	Evening Phone:
Current Address:		Cell Phone:
City:	State:	Zip:
E-mail:		
Is there anything of which our staff should be aware?		

Emergency Contact

(1) Name:		
Relationship to Child:		
Day Phone:	Evening Phone:	Cell Phone:
(2) Name:		
Relationship to Child:		
Day Phone:	Evening Phone:	Cell Phone:

Medical Information and Waiver

Do you have medical insurance? _____ YES _____ NO

If yes: Who is your medical carrier? _____ ID/Policy # _____

What is the insurance company's phone number? _____

Policyholder's Name: _____

Does your children have any disabilities, handicaps, present injuries, limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? ___Yes ___No

If yes, please explain and list name of children: _____

Please attach a separate sheet of paper if needed.

Do your children take any medications? ___ Yes ___ No

Please attach a separate sheet of paper if needed.

If yes, please list medication and name of children: _____

Please attach a separate sheet of paper if needed.

In case of an emergency contact Dr. _____ Phone: (____) _____

or Dentist _____ Phone (____) _____

Emergency Medical Authorization Terms

I give my children _____ permission to attend Camp Newport or Camp Woodside directed by Lampstand Fellowship, Inc. and sponsored by local Youngstown churches. I hereby release all program staff, volunteers and sponsors as well as the owner and lessor of the premises on which the activities are conducted from any and all claims, liabilities, damages, illnesses and injuries arising out of or in any way related to Lampstand Fellowship, Inc. In the event of an emergency, I hereby authorize an adult staff member of Lampstand Fellowship, Inc., as an agent for me, to consent to an X-Rays, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licenses to practice under the laws of the state where the services are to be rendered, either at the physician's office or hospital. I expect to be contacted as soon as possible if an emergency occurs.

Name of Parent /Guardian: (Please Print)

Date:

Signature of Parent/Guardian:

Photographic & Other Media Release

I understand that my children may be photographed and/or video recorded while attending the Free Summer Lunch- Camp Newport/Camp Woodside. I consent to the use of any type of photography and/or video recording of my children for any editorial and/or promotional material published by Lampstand Fellowship, Inc. and/or by the sponsoring local Youngstown churches.

Name of Parent /Guardian: (Please Print)

Date:

Signature of Parent/Guardian:

This program is part of the Summer Food Service Program funded by the USDA. In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.