



# REGISTRATION FORM

## for Children and Youth

*Please print neatly and return via email.*

Select Age Group:  (Ages 10-12)  (Ages 13-16)

### PARTICIPANT INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age at Camp

\_\_\_\_\_  
T-shirt Size

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Camper's Email Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

Is this your first time attending camp? \_\_\_\_\_ If someone recruited you, what is their name? \_\_\_\_\_

Have you ever attended film/tv classes? \_\_\_\_\_

### PARENTS' INFORMATION

\_\_\_\_\_  
Parent's Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

### EMERGENCY INFORMATION *Please indicate the person we should contact in case of an emergency if the parent is not available.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

### AUTHORIZATION *Please indicate the person(s) authorized to pick up the camper upon return on Friday.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

**PARENTAL AGREEMENT**

I certify that the information in the entire registration packet (including Registration Form and Health History Form) is true and accurate. I realize that supplying false information will result in the loss of my child’s space at IPM camp and forfeiture of any registration fees.

I approve of my child’s participation in IPM camp. I have read and agree with camp’s dress code policy. I consent to the use of any audio or visual records of the child named on this registration form, and understand that it may be used and that I have the right to notify IPM in writing any request for removal.

I understand that if my child exhibits extreme disruptive behavior and it is deemed by the camp leadership that the camper needs to return home, it is my responsibility to pick up my child from IPM camp at Catoclin Mountain Park in Thurmont, MD

Unless due to the willful fault or negligence of Intentional Pursuit of Me, IPM foundation, its officers, directors, or employees, I discharge and release Intentional Pursuit of Me, IPM Camp, IPM foundation, its officers, directors, and employees, from any and all claims, demands and liabilities for property damage, personal injury and/or death to my child or my property. I will not sue, or commence any legal action, complaint, or charge against Intentional Pursuit of Me, IPM camp, IPM foundation, its officers, directors, and employees regarding any matter covered by this agreement and release.

By signing below, I acknowledge that I have carefully read this agreement and release of liability, that I am legally responsible for the child identified as a camper on this form, that I am qualified to sign this agreement, and that I agree with its terms as binding to myself, my heirs, legal representatives, successors and assigns.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Parent’s Printed Name

\_\_\_\_\_  
Date

**Submit the completed registration form in a sealed envelope with the following documentation in person to the IPM Foundation office during registration hours.**

- Registration form
- Health History form
- Proof of birthdate
- Proof of health insurance
- \$100 deposit

**FOR OFFICE USE ONLY**

Amount Paid	Balance Due	Initials	Date

Notes: \_\_\_\_\_

\_\_\_\_\_  
Counselor group: \_\_\_\_\_