



US HELPING US NEW ORLEANS SUMMER CAMP REGISTRATION

Name of Student _____

Date of Birth ____/____/____

School student most recently attended _____

Circle Grade level student most recently passed: **3 4 5 6 7 8**

Parent(s) or legal guardian

Name: _____

Address: _____

Home Phone#:(____) _____ - _____

Work Phone#:(____) _____ - _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: (____) _____ - _____

Does your child have any allergies? Yes No

If Yes what are they?

My child may take part in the breakfast and lunch meals. Yes No

My child has permission to go on field trips organized by "UHUNO". Yes No

Individuals authorized to pick my children up:

Parent/Guardian Signature: _____

Date Signed: _____

Medical

I give permission to the UHUNO summer program to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the UHUNO staff will need to contact the local emergency resources before the parents/guardians, the child's physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family.

Parent/Guardian Signature: _____

Date Signed: _____

Picture Policy

I give permission to the UHUNO summer program to publish any or all pictures of my child, _____, taken during the duration and conducting of this program.

Parent/Guardian Initials: _____

Date Initialed: _____

Field Trips

I give permission for my child, _____, to participate in field trips during the course of the UHUNO summer program.

I understand that my child will be under the direct supervision and care of the UHUNO summer program staff. I will not hold the UHUNO summer program staff or any volunteers responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in the UHUNO summer program.

Parent/Guardian Initials: _____

Date Initialed: _____

Transportation Liability

I understand that my child, _____, will be transported at times in the UHUNO summer program for field trips and other special circumstances. While en route, the child will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the child. I will not hold the driver, UHUNO summer program staff or volunteers responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

Parent/Guardian Signature: _____

Date Signed: _____