



# 2019 EMPOWER CAMP REGISTRATION FORM

Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Today's Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Email Address: \_\_\_\_\_

## Parent/Guardian & Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Transportation:** *To be completed by campers only - Select the options that will be used for transportation.*

Drop Off	Pick Up	
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian will drive or a friend/designated adult will drive.
<input type="checkbox"/>	<input type="checkbox"/>	Camper will take the bus. <i>Bus will leave from the Hutch Tech High School Parking Lot (256 S Elmwood Ave, Buffalo, NY 14201).</i>

## Medical History: Has/Does participant have....

- |  |        |  |        |
|--|--------|--|--------|
| 1. Recent injury or illness?                                   | Yes No | 16. Asthma?  | Yes No |
| 2. Chronic injury, illness or infectious disease?              | Yes No | 17. Diabetes?  | Yes No |
| 3. Frequent headaches?   | Yes No | 18. Problems with sleepwalking or bed wetting?   | Yes No |
| 4. Recent head injury or been knocked unconscious?             | Yes No | 19. Mononucleosis in past 12 months?   | Yes No |
| 5. Wear glasses or contacts?                                   | Yes No | 20. Problems with diarrhea/constipation?   | Yes No |
| 6. Frequent ear infections?                                    | Yes No | 21. Abnormal menstrual history?  | Yes No |
| 7. Ever passed out or dizzy during or after exercise?          | Yes No | 22. Been involved in bullying or been bullied?   | Yes No |
| 8. Ever had seizures or convulsions?                           | Yes No | 23. Emotional problem and sought professional help?  | Yes No |
| 9. Ever had chest pains?                                       | Yes No | 24. Explain "Yes" answers and describe anything we need to know about the participant's medical needs: | _____  |
| 10. Diagnosed with heart condition?                            | Yes No |  | _____  |
| 11. Physical/mental disabilities? <i>Please explain below.</i> | Yes No | 25. Advise of any dietary restrictions, considerations or allergies.                                   | _____  |
| 12. Ever had an eating disorder?                               | Yes No |  | _____  |
| 13. Ever had back or joint problems?                           | Yes No |  | _____  |
| 14. Have any skin problems?                                    | Yes No |  | _____  |
| 15. Bringing an orthopedic device to camp?                     | Yes No |  |        |

## Participant Release, Health Authorization & Photo/Publicity Waiver:

The undersigned participant and/or his/her guardian does hereby acknowledge that he/she is aware of and recognizes the risks associated with participation in the Empower Camp, Inc. program (the "Program"); does hereby release and discharge Empower Camp, Inc., its officers, directors, employees and agents (hereinafter collectively the "Releasees"), to the fullest extent permitted by law, from any claim or cause of action arising out of or in any way connected with the participant's participation in the Program; and agrees, to the fullest extent permitted by law, to indemnify and hold harmless the Releasees from and against any and all liability, claims, losses and damages, including reasonable attorneys' fees, incurred by the Releasees that in any way arise out of or are connected with such participation. This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities. I hereby give permission to the medical personnel selected by the Camp Director to secure proper treatment and transportation, for my child named above if deemed necessary. I also give permission to share their medical information for this purpose. I agree that the undersigned participant and/or his/her guardian does hereby provide authorization to participate in photo/publicity opportunities and that photographs/video taken of my child may be used freely in any/all Empower Camp publications, website, and promotional materials.

\_\_\_\_\_  
 PRINT - Parent/Guardian Name or Participant (if over 18)

\_\_\_\_\_  
 Camper Name

\_\_\_\_\_  
 Signature of Parent/Guardian or Participant (if over 18)

\_\_\_\_\_  
 Date