



Mountain Heritage Camp

June 20th - June 23rd

CAMPER APPLICATION

Member

Full Name _____ Date of Birth ___/___/___ Ethnicity _____ Male Female

Address _____ Public Housing Unit # _____ City _____ Zip _____

Primary Phone _____ Alternative Phone _____ Primary Email _____

School _____ Grade _____ Primary Teacher _____ H.S Grad Year _____

HEALTH & MEDICAL INFORMATION

Doctor/Clinic Name _____ Phone _____ Date of Last Medical Exam _____

Permission for Treatment by Doctor/Hospital YES NO | Insurance: YES NO | Medicaid: YES NO EXP _____

Insurance Carrier _____ Phone Number _____ Policy Number _____

Are there any special needs or health issues we should be aware of? YES NO If yes, explain:

Are there any medications we need to be aware of? YES NO If yes, explain _____

Please specify any allergies or medical conditions her: _____

PARENTAL CONTACTS

Parent/Guardian Name _____ Employment _____ Cell Phone _____

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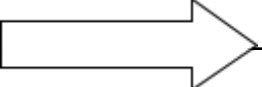
Siblings: # of Brothers _____ # of Sisters _____

EMERGENCY CONTACT (Other than parent / guardian child is living with)

Name #1 _____ Relationship: _____ Phone: _____

CHILD APPROVAL & RESPONSIBILITY

I want to participate in the MY Club Mountain Heritage Days.. I will try my best and stay positive and actively participate as we learn about our generations past.

Member Signature _____ 

PARENT / GUARDIAN APPROVAL & RESPONSIBILITY (Initial each after reading)

- CLUB MEMBERSHIP:** I approve of my child's membership to participate in the MY Club Program. This includes programs in the following core areas: Character & Leadership, The Arts, Sports, Fitness & Recreation, Education & Career Development, and Health & Life Skills. I understand that these activities are conducted by staff and volunteers and/or agents within the MY Club owned/leased facilities/property including off-site locations. I understand that it is my responsibility to make arrangements for my child (or ward) to be picked up at closing time at the end of each day. I understand that there are consequences if my child is not picked up and it can include membership termination. I understand the Club is not responsible for personal lost or stolen property. I will notify the Club leadership of any changes in my address and telephone numbers listed on this application.
- LIABILITY:** I am fully aware of the risks and hazards connected with participation in some activities/programs. I HEREBY VOLUNTARILY PERMIT MY CHILD (or WARD) TO PARTICIPATE IN CLUB ACTIVITIES/PROGRAMS. I UNDERSTAND AND HOLD HARMLESS Mountain Area Youth Organization IN THE EVENT OF RISKS, LOSS, DAMAGE, OR PERSONAL INJURY TO MY CHILD.
- MEDICAL TREATMENT RELEASE:** In case of an accident or sudden illness to my child (or ward), and I cannot be reached, I give my consent for my children to be given emergency treatment by a physician or hospital. It is the policy in the case of an accident, illness or any other emergency affecting any child during activities/programs to make every reasonable attempt to notify the parent or guardian promptly. No child may participate without completion of this release for medical treatment.
- PHOTO/VIDEO RELEASE:** I consent to have my child (or ward's) included in photographs or video in which my child may appear and can be used for educational and publicity purposes when done responsibly and without coercion. This includes group photographs/video or individual activity photographs/video displayed at the Club, local newspaper, social media, club marketing, and/or publications. All photographs are the Club's property or will be given to parents/guardians or be destroyed. I agree that no compensation is paid for photographs or videos.

Parent Name (Print) _____ Parent Signature _____ Date _____