2020 CITY CAMP REGISTRATION FORM – CITY UNION MISSION

Required information is indicated with an asterisk. (*)

Tshirt Size:
☐Y-S ☐A-S
☐Y-M ☐A-M
☐Y-L ☐A-L
☐A-XL
☐Other_____

Swimsuit Size

_____

CAMPER INFORMATION

_____ _____
*__Camper__ Name (last, first) Previous Last Name (if changed)

____ /____ /____ ___ _____ _____ _____ M ___ F ___ Age at Camp_____
*Date of Birth Age School Grade Height Weight *Gender

PARENT/ GUARDIAN INFORMATION

_____ ____ /____ /____
*(First Emergency Contact unless otherwise noted) *Date of Birth

_____ _____ _____ _____
*Address City State Zip Code

(_____)_____ (_____)_____ _____
*Phone # Additional Phone # Household E-mail address

SCHOOL INFORMATION (Fall 2020)

_____ _____ _____
School Name School District Grade

CHURCH INFORMATION

_____ _____
Church Name Pastor's Name

_____ _____ _____ _____
Church Address City State Zip Code

(_____)_____ _____
Church Phone Church Email Address

*IMAGE RELEASE:

I hereby grant permission for City Union Mission to use my child's photograph and/or video and/or information about them for the purpose of publications, promotion, or any other use they deem necessary. I understand my child's photograph/ video/information about them may be used for fundraising purposes. I understand that I cannot expect compensation for use of these photos or stories.

*Please check the appropriate box and sign below:

☐ I **DO give permission** for my child named above to be photographed and/or videotaped during youth center activities for the purposes stated above.

☐ I **DO NOT give permission** for my child named above to be photographed and/or videotaped during any youth center activities for the purposes stated above.

***Parent/Guardian Signature:** _____ *Date: _____

Turn over to complete registration form.

In order for this application to be processed, bring the following items to City Union Mission's Family Center, 1310 Wabash:

1) Completed Application 2) Proof of date of birth 3) Medical Insurance Information

Applications accepted until spaces are filled, or until Wednesday, May 27th, 2020.
beginning May 11, Monday-Friday, 9a-3:30p. Questions? Call (816) 329-1430

MEDICAL FORM

Children with special needs are taken on a case-by-case basis.

ADDITIONAL EMERGENCY CONTACT INFORMATION

People with whom City Union Mission can exchange emergency information and through whom a responsible party can potentially be contacted…Also, if the registrant is a minor, someone to whom he or she may be released when necessary (including scheduled pick-up time)…Finally, someone who may give permission to another individual to pick up. **Information for positive ID must be provided.

_____ (_____)_____ (_____)_____ (_____)_____
*Second Emergency Contact *Cell Phone # Work Phone # *Other Phone #
(Spouse/Parent/Guardian/Next of Kin)

____ /____ /____ _____
**Date of Birth Relationship to Registrant

_____ (_____)_____ (_____)_____ (_____)_____
*Third Emergency Contact *Cell Phone # Work Phone # *Other Phone #

____ /____ /____ _____
**Date of Birth Relationship to Registrant

_____ (_____)_____ (_____)_____ (_____)_____
*Fourth Emergency Contact *Cell Phone # Work Phone # *Other Phone #

____ /____ /____ _____
**Date of Birth Relationship to Registrant

<u>*For every item below, please provide an answer or write N/A.</u>

Any allergies to food or medications (please explain) _____

_____

_____

Other allergies (specify) _____

***Current medications** (send in prescription bottle with instructions)

Name of Medication	Reason for Use	Dosage (if known)	Frequency (if known)

Operations or serious injuries (include dates) _____

_____

Chronic or recurring illness or medical condition

Y/N	Asthme	**Y/N**	Diabetes/Pre-Diabetes	**Y/N**	ADD / ADHD
Y/N	Visually Impaired	**Y/N**	Behaviorally Challenged	**Y/N**	Emotionally Challenged
Y/N	Physically Handicapped	**Y/N**	Hearing Impaired	**Y/N**	Learning Disabled
Y/N	Frequent Ear Infections	**Y/N**	Hypertension	**Y/N**	Heart Defect/Disease
Y/N	Seizures	**Y/N**	Bleeding/Clotting Disorder	**Y/N**	Frequent nose bleeds
Y/N	Bed Bug Bites	**Y/N**	Runner	**Y/N**	Other _____

INSURANCE INFORMATION

☐ Insurance information attached. (Copy with waiver)
(Company Name, Policy Number, Policy Holder Name, Group Number, Insurance company address and phone number)

☐ Does not have insurance. Only waiver is attached.

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