



AKRON FIRE SUMMER CAMP REGISTRATION FORM 2019

Tuition Information - \$25 to help cover breakfast, lunch, and (1) camp T-shirt.

*Payments can be made:

- Cash
- Check
 - Make your check out to the First Congregational Church of Akron with “Akron Fire Summer Camp” in the memo line
- Credit card
 - Online at www.akronfcc.org/donate. Please be sure to make your payment under “Akron Fire Summer Camp.”
- I would like to apply for a scholarship to Akron Fire.**
 - Please submit a brief statement on why you think you qualify for financial aid for Akron Fire Summer Camp and documentation of household income to include with your application.

Child Information

First: _____ Middle: _____ Last: _____

Gender: Male __ Female__

Grade: _____ Age: _____ Birth date: ____/____/____

Street Address: _____

Town/City: _____ State: _____ Zip code: _____

Shirt size: Please mark one

Youth Small: _____ Youth Medium: _____ Youth Large: _____ Youth XXL: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First: _____ Last: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____

Parent/Guardian - Contact Information

Parent/Guardian #2

First: _____ Last: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____ Relation to child: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First: _____ Last: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____ Relation to child: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #2

First: _____ Last: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____ Relation to child: _____

Medical Release Information

Insurance Information (If any)

Policy Number: _____

Name of Health Insurance Provider: _____

Primary Physician: _____

Address: _____

Phone: _____ Hospital: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should a paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Medical Release Information

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require have any dietary restrictions/allergies?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical issues which may interfere with or alter treatment, as well as ensuring that meal accommodations are made for your child.

In case of medical emergency contact:

Name	Phone #	Relationship to Child

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the **Akron Fire Summer Camp Staff and volunteers** and **First Congregational Church of Akron** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Pease circle how you heard about Akron Fire Summer Camp

After School Program
 Website
 School
 Word of Mouth
 Flyer
 Other:

Terms of Agreement

Photo Release

*I hereby give permission for my child to be photographed during the **Akron Fire Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Akron Fire Summer Camp** and its affiliates.*

Parent's/Guardian's Initials _____

Akron Fire Summer Camp Staff and Volunteers and First Congregational Church of Akron are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____