

iJump Tyler Camp Registration Form

Camper Name: _____ **Age:** _____

Child Information

First _____ MI _____ Last _____
Gender: Male ___ Female ___ School Name _____ Grade _____
Birth date ____ / ____ / ____ Age _____
Address _____ Town/City _____ State _____ Zip code _____
Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Address _____ Town/City _____ State ___ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____
Fax _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Address _____ Town/City _____ State ___ Zip code _____
Home Phone _____ Daytime phone _____ Cell phone _____
Fax _____ E-mail _____
Occupation _____ Employer _____
Child lives with _____ Person responsible for payment _____

Emergency & Medical Contact Information

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____ Relation
to child _____

Alternate Pickup/Release - Please list those people including in addition to parents/guardians who are permitted to pick up your child 1. _____ 2. _____

Medical Release Information

Insurance Information Policy Number _____ Name of Health Insurance _____
Provider _____ Physician _____ Address _____
Phone _____ Hospital _____

Preference _____

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

Medical Problem	Required Treatment	Should Paramedic be called?
		Y / N
		Y / N
		Y / N

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 a special diet? Yes ___ No ___ If yes, explain _____

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The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

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 iJump Tyler or iJump Tyler Camp 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 _____

Terms of Agreement Photo Release

I hereby give permission for my child to be photographed during the **iJump Tyler 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 iJump Tyler Camp and its affiliates.

Parent's/Guardian's Initials _____

iJump Tyler Trampoline Park and its co-organizers 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).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

