

Week/Weeks desired: June 10 ____ June 17 ____ June 24 ____ July 8 ____ July 15 ____ July 22 ____

2019 Camp Registration

Half-Day (9am-Noon) _____

Full-Day (9am-5pm) _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __

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

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____

Street 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 Contact Information– (In case of medical emergency all contacts will be notified)

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 individuals in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

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 paramedic be called?</u>	
		Yes	No
_____	_____		
_____	_____	Yes	No

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: _____

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.

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 Christmas 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 Sessions**. 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 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).

I certify that a waiver to jump has been signed online and is not expired. To ensure that all waivers are current, please

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____