



FOR OFFICE USE ONLY

Date: _____

Cost: \$ _____

Down: \$ _____

Due: \$ _____

Check #: _____

Complete: _____

Entered: _____

2013 REGISTRATION FORM

Please Read BEFORE completing Registration Form:

- Before registering, please check program availability at www.idyc.weebly.com.
- **DEADLINE** for Registration and \$80.00 is June 11th after that it will cost you \$10.00 add camp fee.
- **Questions?** Please see Helpful Registration Information (see bottom on back).
- If you are attending with a church group, please check with your group leader for specific registration instructions.
- Mail your completed Registration Form, \$80.00 and copy of insurance card to: **IMPACT DEAF YOUTH CAMP 112 Lombardy Way SE, Rome, GA 30161 ATTN: Bonnie Fenner, Registrar**

CAMPER INFORMATION

Has camper attended Impact Deaf Youth Camp before? Y / N

Camper's Name _____

Date of Birth ____/____/____ Age _____ Grade _____ Circle: **DEAF** **HH** **HEARING**

Address _____

City _____ State _____ Zip _____

Phone _____ Circle: **VOICE** **TTY** **VP**

E-Mail _____

Name of Church _____

T-shirt size S M L XL XXL Other _____

I agree to abide by all camp rules and understand that my wrong behavior can result in being sent home.

Camper's Signature _____ Date _____

MEDICAL INFORMATION

The following information must be filled in by the parent/guardian. The intent of the information is to provide Impact Deaf Youth Camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp health care personnel upon camper's arrival at IDYC. Please provide complete information so that IDYC can be aware of your needs.

IN AN EMERGENCY, CONTACT

Name _____ Phone _____

Name _____ Phone _____

HEALTH HISTORY (Please check all that apply)

___ Asthma ___ Bleeding/clotting disorder ___ Convulsion (last date) _____.

___ ADD/HD ___ Diabetes ___ Swimmer's Ear ___ Heart disorder ___ Mononucleosis ___ Seizure

___ Frequent ear infection ___ Other _____

ALLERGIES

___ Hay Fever ___ Bee Stings ___ Penicillin ___ Foods _____

___ Other _____

Date of last tetanus _____ Booster _____ DTP _____.

Activities to be limited by physician's advice _____

Medication _____ Reason _____

Medication _____ Reason _____

Insurance Name _____ Group/Policy # _____

Physician's Name _____ Phone: _____

My child may have swimmers ear prevention drops after swimming if necessary. YES NO

My child may have Tylenol for minor aches or pains. YES NO

My child may have medication for coughing, cold or any kind of ill. YES NO

RELEASE STATEMENTS

(Important – Must be signed and completed for attendance)

PHOTOGRAPHY PERMISSION

I hereby give Impact Deaf Youth Camp staff permission to take photographs of me and the minor(s) named below or photographs in which the minor may be involved with others for the purpose of promoting it on our Impact Deaf Youth Camp website and our annual camp brochure.

I hereby release and discharge Impact Deaf Youth Camp and Camp Tugalo from any and all claims arising out of use of photos, or any right that minor or I have. I _____ am 18 or older and am able to contract for the minor in the above regard. I have read the above statement and fully understand.

PARENT/GUARDIAN AUTHORIZATION

I hereby give my permission for my child to take part in all Impact Deaf Youth activities including sports, transportation, swimming, and all other activities at camp and absolve the Impact Deaf Youth; Camp Tugalo; and all other personnel involved with camp from liability to me or my child because of an injury received while attending the Impact Deaf Youth Camp. I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Impact Deaf Youth Camp of the Deaf and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. Although care will be given, Impact Deaf Youth Camp, Camp Tugalo or any church is not responsible for lost or broken hearing aids, cochlear implants, or processors.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. In case of any accident or serious illness I hereby authorize the Impact Deaf Youth Camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request to be notified.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

HELPFUL REGISTRATION INFORMATION

- All Registration Forms will be processed in the order they are received. Spots cannot be held.
- Telephone and/or Fax registrations are not accepted.
- \$80.00 deposit (CHECK or MONEY ORDER only) and copy of insurance card must accompany each Registration Form.
- Please make checks payable to 'Impact Deaf Youth Camp'. Remaining balance is due at check-in on the first day of camp.
- Blank Registration Forms may be copied or downloaded from www.idyc.weebly.com.
- If you are attending with a church group, please check with your group leader for specific registration instructions.