



CALVARY BAPTIST CHURCH

Youth Enrichment Summer (YES) Program Data Sheet/Registration Form

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence.

Child's Name _____ Grade _____ Age _____ Birth date _____

Full Address _____

Mother's Name _____ Home Address _____

City _____ State _____ Zip Code _____ Marital Status _____

Home Phone No. _____ Email Address _____

Employer/School _____ Occupation/Major _____

Bus. Address _____ Tel. No. _____ Work Hours _____ to _____

Father's Name _____ Home Address _____

City _____ State _____ Zip Code _____ Marital Status _____

Home Phone No. _____ Email Address _____

Employer/School _____ Occupation/Major _____

Bus. Address _____ Tel. No. _____ Work Hours _____ to _____

Child's Legal Guardian: () Both Parents () Mother () Father () Other

Child's Living Arrangements: () Both Parents () Mother () Father () Other

Household Size ___ Income Range Under 20,000 ___, 20,001-30,000 ___, 30,001-40,000, 40,001+ ___

Has your child ever been in camp before? _____ Name of Camp: _____

I give the CBC permission to use photos of my child for promotional literature: YES ___ NO ___

T-shirt size: ___ch x-small (4-6) ___ch smiall (6-8) ___ch medium (8-10) ___ch large (10-12)
___ adult medium (8-10) ___adult large (10-12) ___adult x-large (14-16)

I understand the tuition scale and fee schedule. YES ___ NO ___

The undersigned understands that the **CALVARY BAPTIST CHURCH** does not allow members of its staff to perform additional child care services or any other services directly for participants that are outside the scope of the CBC's programs. Should any employee performs such services without the knowledge of the CBC, said employee will not be acting as an employee or agent of the **CALVARY BAPTIST CHURCH** and CBC disclaims any and all liability in connection there within. **I have read and agree to the policies outlined in the Parent's Handbook.** I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by walking, motor vehicle, amusement park regular and water rides. I agree to indemnify CALVARY BAPTIST CHURCH and their employees and agents, Youth Ministers, program directors and administrator, teachers, counselors, and the National Baptist Association for any and all loss, damages, claims, liabilities, costs or expenses arising out of my child's participation in the activities including but not limited to, the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any loss, claims, liabilities, damages or injuries suffered by my child in the course of his or her participation in any activity.

Signature(s): X _____ Date _____ X _____ Date _____

Below the line -- Office use only

Weekly tuition: _____ Registration: _____ 1st Installment: _____ Balance: _____

Late fees: date ___/___/___ date ___/___/___ date ___/___/___

Youth Enrichment Summer (YES) Program
Emergency Medical Information and Authorization

Please fill out this information and authorization completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes.

Child's Name _____

IN THE EVENT THE PARENT(S) CANNOT BE REACHED IMMEDIATELY, CALL:

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

Name _____ Relationship _____ Phone No. _____

THIS CHILD MAY ONLY BE RELEASED TO:

Name _____ Relationship _____

Address _____ Phone No. _____

Name _____ Relationship _____

Address _____ Phone No. _____

Name _____ Relationship _____

Address _____ Phone No. _____

Who may **not** pick up the child? _____

MEDICAL INFORMATION

Child's Doctor or Clinic _____ Phone No. _____

Address _____

Medical Facility you Prefer for Emergency Treatment _____

Child's Allergies _____

Current Prescribed Medication(s) _____

Child's special medical needs and conditions _____

_____ **A copy of my child's immunization record is attached.**

CONSENT FOR EMERGENCY CARE

This health history is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities and field trips except as told by me. I, hereby, grant permission to the YES Programs for the above named child to be given emergency care at the medical facility I have state I prefer, or the closet emergency facility available, in the event that I cannot be reached immediately. This permission will also apply if I cannot reach the YES Program or the Hospital in a reasonable length of time. I hereby authorize the physician or medical facility to administer emergency treatment and agree to be fully responsible for all medical expenses incurred during the treatment of my child. I understand that the YES Program carries liability insurance only; families must carry their own accident insurance.

Signature(s): X _____ Date _____ X _____ Date _____



Calvary Youth Ministries

Youth Enrichment Summer Program 2009

ATTENTION: *By signing the release below, you and/or your children consent to being the subject of photographs, video tapes, television programs, motion pictures, written articles or other similar media, and thereby grant permission to the Youth Enrichment Summer (Y.E.S.) Program to exhibit or use for advertising, trade purposes, solicitation of patronage purposes, or other similar purposes, such materials with no limitation to length of use.*

RELEASE

THIS RELEASE ("Release") is executed on this _____ day of _____, _____ by who may use any facilities, services and/or programs of the YOUTH ENRICHMENT SUMMER (Y.E.S.) PROGRAM, on behalf of his/her minor child(ren) or ward(s) _____ as parent, guardian and/or next friend, in favor of the Youth Enrichment Summer Program, its assigns, successors, legal representatives, employees, and agents (collectively "YOUTH ENRICHMENT SUMMER (Y.E.S.) PROGRAM").

In consideration of the facilities, services and/or programs of the YOUTH ENRICHMENT SUMMER PROGRAM, Releasor, on behalf of himself/herself and his/her minor child(ren) or ward(s), hereby consent to being the subject, together with any property owned by Releasor and/or his/her minor child(ren) or ward(s), of photographs, videotapes, television programs, motion pictures, written articles, or similar media, and hereby authorize the YOUTH ENRICHMENT SUMMER PROGRAM to cause Releasor's and/or his/her minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, written article or similar media.

Releasor, on behalf of himself/herself and his/her minor child(ren) or ward(s), hereby waives any and all rights to inspect or approve the photograph, videotape, television program, motion picture or other use of Releasor's and/or his/her minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) including any written article, script, caption or other writing that may accompany such use of Releasor's and/or his/her minor child(ren)'s or ward(s)'s name(s) and/or likeness(es).

Releasor on behalf of himself/herself and his/her minor child(ren) or ward(s), hereby releases and forever discharges the YOUTH ENRICHMENT SUMMER PROGRAM from any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of Releasor's and/or his/her minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) in any of the above-mentioned materials.

Releasor hereby represents and warrants to the YOUTH ENRICHMENT SUMMER PROGRAM that he/she has the authority to execute this Release on behalf of his/her minor child(ren) or ward(s) as parent, guardian and /or next friend. In the event of any misrepresentation or breach of warranty by Releasor, or in the event such minor child(ren) or ward(s) nevertheless asserts any claim against YOUTH ENRICHMENT SUMMER PROGRAM arising out of the use of his/her names(s) and/or likeness(es), Releasor agrees to indemnify, hold harmless and defend the YOUTH ENRICHMENT SUMMER PROGRAM from and against any and all liability, claims, losses, costs, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of his/her minor child(ren)'s or ward(s)'s name(s) and/or likeness(es) in any of the above-described materials.

In witness whereof, Releasor has executed this Release on the day and year first above-written.

WITNESS/ATTEST:

By: _____

RELEASOR:

Name

Date

Address and Telephone Number

Name of Minor Child(ren) or Ward(s), If Any

Minor Child(ren)'s Ward(s)'s Address and Telephone Number (if different from above)

