



BRIGHT MINDS YOUTH DEVELOPMENT REGISTRATION FORM – Duval

CAMPER INFORMATION # 1								
Camper's last name:		Middle:	First:					
School Name	Race:	Grade Level:		Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F		
Address:								
CAMPER INFORMATION # 2								
Camper's last name:		Middle:	First:					
School Name	Race:	Grade Level:		Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F		
Address:								
CAMPER INFORMATION # 3								
Camper's last name:		Middle:	First:					
School Name	Race:	Grade Level:		Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F		
Address:								
PARENT/GUARDIAN INFORMATION - # 1								
Parent's Last Name:		Middle :		First:				
Address: (if different)								
Cell:	Work:		Email:					
What camp location are you registering for?			T-shirt size? Choose the correct size for each camper					
			X-Small	Small	Medium	Large	X-Large	XX-Large
Household Arrangement: (circle one) Both Parents Mother Father Grandparent Other Relative Foster Care Other								
Camper's Swimming Ability : <i>Notate Below</i> Non-swimmer Beginner Intermediate Proficient								
Camper 1		Camper 2			Camper 3			
LIST BELOW ANY KNOW ALLERGIES:				LIST BELOW ANY ADDITI ONAL RELEVANT INFORMATION:				
Camper 1				Camper 1				
Camper 2				Camper 2				
Camper 3				Camper 3				
Notes								



EMERGENCY CONTACT INFORMATION

Name:	Phone:
Relationship:	Email:

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Name:	Phone:
Relationship:	Email:

AUTHORIZED PICKUP INFORMATION

Name of local friend or relative (not living at same address):	Relationship to camper:	Home phone no.:	Work phone no.:

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Please check the weeks your child(ren) will attend camp ***Registration Fee & Weekly Fees are NON- REFUNDABLE***

- June – 11 – June 15
 June 18 – June 22
 June 25 – June 29
 July 2 – July 6
 July 9 – July 13
 July 16 – July 20

PLEASE NOTE ANY DATES BELOW THAT YOUR CHILD (REN) WILL MISS DURING CAMP. NOTE: AN ADVANCE PAYMENT MUST BE MADE FOR THE WEEK YOU PLAN FOR YOUR CHILD(REN) TO RETURN

MEDICAL RELEASE INFORMATION

Name of Health Insurance Provider:	Primary Physician:
Policy Number:	Address:
Hospital Preference:	Phone:

PHOTO RELEASE INFORMATION

I hereby give permission for my give child to be photographed during the **BMYD 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 Bright Minds Youth Development, Inc. and its affiliates.

Parent's/Guardian's Initials _____

TRANSPORTATION RELEASE

I hereby give permission for the transportation of my child for official **BMYD Summer Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

SUNSCREEN RELEASE

As the parent or legal guardian of the above-named child, I hereby give my permission to the staff at BMYD Summer Day Camp to apply a sunscreen product of SPF 15 or higher to my child, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, ears, nose, bare shoulders etc.

Parent's/Guardian's Initials _____

I have read, and I fully accept the terms and conditions described. I understand that Bright Minds Youth Development, Inc. and the camp staff will do everything in their power to avoid any injury to all campers. I am fully aware that outside activities or any sport involves risk of injury/illness. I understand that because of the nature of sports activities, contact and physical exertion will occur during this camp and that injury during sports activities at camp because of contact or physical exertion is possible. In return for my child ("Participant") being allowed to participate in the camp, I release and agree not to sue any of the campers at the camp, Bright Minds Youth Development, Inc., Bradford County, Clay County, Duval County, Putnam County and Alachua County School Boards and Schools, their affiliates and their staff members, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the camp and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the camp, even if caused by their ordinary negligence. I understand that participation in the camp involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Participant to participate in the camp with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the camp and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the camp is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on me and the Child.

Patient/Guardian Signature	Date
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Case Worker Name: _____ Phone: _____ Date: _____