

2019 South Gate Summer Program Enrollment Form

PARTICIPANT #1	PARTICIPANT #2
Name: _____	Name: _____
M <input type="checkbox"/> / F <input type="checkbox"/> Birth Date: _____	M <input type="checkbox"/> / F <input type="checkbox"/> Birth Date: _____
Grade (Fall 2019): _____	Grade (Fall 2019): _____
Does your child take any medication during: School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No Summer: <input type="checkbox"/> Yes <input type="checkbox"/> No List Medications: _____	Does your child take any medication during: School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No Summer: <input type="checkbox"/> Yes <input type="checkbox"/> No List Medications: _____
<i>If medication will need to be administered during the program by our staff then a Medication must be completed!</i>	

PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Name: _____ DOB: _____	Name: _____ DOB: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Phone Number(s): _____	Phone Number(s): _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

EMERGENCY INFORMATION:

In case of an emergency, which hospital do you prefer?	
Doctor: _____	Phone: _____
Allergies/Reactions (food, drug, other): Specify which child: _____	

SPECIAL ACCOMODATIONS

Is your child able to participate in recreation activities? : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Participation limitations and/or restrictions:</i> _____
If necessary, please describe any accommodations (medical, physical, or behavioral needs) and/or information that will assist staff in helping your child at our program. (SPECIFY CHILD'S NAME) _____ _____ _____

PICK-UP AUTHORIZATION

Parent/Guardian #1 _____ **Cell Phone:** _____

Parent/Guardian #2 _____ **Cell Phone:** _____

Emergency Contact #1 _____ **Relationship:** _____

**Person to be contacted if parent/guardian is not available in the case of an emergency.*

Home Phone: _____ **Cell or Work Phone:** _____

Emergency Contact #2 _____ **Relationship:** _____

**Person to be contacted if parent/guardian is not available in the case of an emergency.*

Home Phone: _____ **Cell or Work Phone:** _____

Authorized Person: _____ **Relationship:** _____

Authorized Person: _____ **Relationship:** _____

PROGRAM RELEASES & ACKNOWLEDGEMENTS

_____ Initials	Field Trips Program activities involve transportation to and from the destination. By signing below, I grant permission for my child(ren) to be transported to field tips during the summer program.
_____ Initials	Emergency Clause In the event I cannot be reached in an emergency, I hereby give my permission to employees of this South Gate summer program to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.
_____ Initials	Media Release I hereby grant permission to record the participant's likeness and/or voice for use by television, films, radio, or printed media to further the aim of South Gate Baptist Church in related campaigns, magazine articles, booklets, posters, and in other ways they may see fit.
_____ Initials	Release Clause The undersigned hereby releases and holds harmless this South Gate Baptist summer program and any officers, employees or agents thereof, including without limitation South Gate Baptist Church, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

I am aware of all the releases and policies stated above:

Signature of Responsible Party: _____ Date: _____