

S.O.S.

School's Out Safe Summer

2014 Summer Camp Registration

Please Print:

Date of Registration _____

Camper's Name _____ Age at Camp _____ Birth Date _____ Boy ___ Girl ___

Address _____ City _____ State _____ Zip _____

Phone # _____ E-Mail _____

This will be my child's _____ summer at BHYC. Camper's Home School/Current Grade _____

Parent'/ Guardians Name _____ Work # _____ Cell # _____

E-mail _____ T-shirt size _____

Emergency contact between 9:00 a.m. - 4:00 p.m. _____ Phone# _____

Dr's Name/Insurance Carrier and Policy # _____

Does your child have a(n) IEP or 504 plan? Yes _____ No _____

Child #2) _____ Birth Date _____ Boy ___ Girl ___ T-shirt size _____ IEP or 504

Child #3) _____ Birth Date _____ Boy ___ Girl ___ T-shirt size _____ IEP or 504

Child #4) _____ Birth Date _____ Boy ___ Girl ___ T-shirt size _____ IEP or 504

Child #5) _____ Birth Date _____ Boy ___ Girl ___ T-shirt size _____ IEP or 504

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I hereby give permission to the Beacon Hill Youth Committee (BHYC) to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by Camp Administration. I hereby authorize the camp emergency response provider to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above.

Initials _____

I have read and understand this participation/permission form and understand that BHYC and all its affiliates are released from liability as a result of any injury damages from my child's participation in the world of work activities. Initials _____

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that BHYC reserves the right to dismiss a child from camp whose special needs that are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program. Initials _____

The BHYC has my permission to use photographs taken of my child while at camp for promotional purposes only. Initials _____

I understand that all registration fees are non-refundable. Initials _____

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent(s)/guardian(s): _____ Date: _____

PLEASE RETURN BY JUNE 9, 2013 at

School District 163 Main Office – 240 South Orchard Dr, Park Forest, IL

Monday – Friday 9:00AM – 3:00PM