



**Neighbors Building
Neighborhoods**

Promoting positive change

2017 Community Treasures Summer Youth Camp

Emergency Contact, Permission and Release Form

Child's Name: _____ **Child's Age:** _____

Emergency contacts

1) Name: _____ Relationship to child: _____

Work phone: _____ Cell phone: _____

Address: _____

2) Name: _____ Relationship to child: _____

Work phone: _____ Cell phone: _____

Address: _____

Authorization of Emergency Care

I hereby authorize any physician, surgeon, or dentist on the medical staff of the nearest medical facility in Oklahoma, to administer any emergency treatment procedure or medicine necessary or advisable when Neighbors Building Neighborhoods staff accompanies my child to the emergency room at the nearest medical facility. I also authorize Neighbors Building Neighborhoods staff to secure the use of an ambulance, if necessary for transporting my child to the hospital. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named child. I request that this authorization remain in force as long as my child is enrolled as a participant in Community Treasures Summer Youth Program.

Signature: _____ **Date:** _____

Photo Release

I hereby give Neighbors Building Neighborhoods the authority to use any photograph/video tape footage of my child for public relations purposes.

Signature: _____ **Date:** _____

Liability Release

I am the parent/guardian of _____ who is participating in Community Treasures Youth Summer Program. It is my understanding that Neighbors Building Neighborhoods and all persons acting on its behalf will do their utmost to assure that my child will be safe at all times, including times in which the participants are traveling or during off sight activities. Nonetheless, I understand that this camp involves a high level of physical activity and Neighbors Building Neighborhoods cannot assume responsibility for any injury which may occur.

Signature: _____ **Date:** _____

Swimming Assessment

Please rate your child's comfort level with water, swimming pools etc.: _____

As part of the program, participants are offered a swim assessment and swim lessons through Muskogee Parks & Recreation, I give my permission for them to participate in this portion of the camp, if applicable.

Signature: _____ **Date:** _____



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Enrollment Form

Child Information

Name: _____ Gender: M or F

Physical Address: _____

T-Shirt Size: _____ Age: _____ Date of Birth: _____ Grade Entering: _____

Please state any conditions, medications, physical limitations or any allergies the Community Treasures program staff needs to be aware, please keep in mind; our staff will not administer medications unless it's for emergency purposes (i.e. epi pens etc.) and are provided by the parent.

Parent/Guardian Information

Name: _____

Mailing Address: _____

Phone (home/work): _____ (cell): _____

E-Mail Address: _____

Program Overview & General Weekly Themes

(Please place a check by each week your child plans to attend camp and please note, swim lessons are part of the weekly fun.)

- _____ **Week 1: 6/5 - 6/9**
- _____ **Week 2: 6/12 - 6/16**
- _____ **Week 3: 6/19 - 6/23**
- _____ **Week 4: 6/26 - 6/30**
- _____ **Week 5: 7/5 - 7/7** (Closed on Monday, July 3rd & Tuesday, July 4th.)
- _____ **Week 6: 7/10 - 7/14**
- _____ **Week 7: 7/17 - 7/21**
- _____ **Week 8: 7/24 - 7/28**

Community Treasures is hosted at Muskogee County Head Start - Youth Central Campus located at 301 N. 6th Street, Muskogee, OK.

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Cost

- \$10 per week, per child
- Balance due in full, upon enrollment.

Payment Options

- Check (Payable to Neighbors Building Neighborhoods), Credit Card or Cash

Return Forms

Please hand deliver or mail to Neighbors Building Neighborhoods, 207 North 2nd St., Muskogee, OK 74401

How did you hear about this program? _____

Office Use ONLY!

Amount Paid: _____ Payment Date: _____ Payment Tender: _____ Staff Initials: _____