

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

Age as of 6/01/24 \_\_\_\_\_ Gender M F

School \_\_\_\_\_ Grade as of 9/1/2024 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

Home phone \_\_\_\_\_ Email (required) \_\_\_\_\_

Parent/guardian Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/guardian Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

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**Emergency Contacts**

Name \_\_\_\_\_ relationship to child \_\_\_\_\_ Phone# \_\_\_\_\_

**Camper's Medical Information**

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Name of health Insurance Coverage for Child \_\_\_\_\_

Policy Number \_\_\_\_\_ **Camper's Special Conditions**

\_\_\_ learning disabilities/special needs \_\_\_\_\_

\_\_\_ allergies (including food and medical reactions) \_\_\_\_\_

\_\_\_ asthma \_\_\_ inhaler used \_\_\_ diabetes \_\_\_ fainting \_\_\_ heart problems \_\_\_ hearing

\_\_\_ sinus problems \_\_\_ skin problems \_\_\_ bone/ joint problems \_\_\_ other

medications taken at home: \_\_\_\_\_

**Parent Permissions-Please initial the following**

\_\_\_ I give permission for Myers Cooking For A Cause Counselors to administer medications to my child supplied by parent (if applicable). Must be in original container with written instructions.

Type & dosage \_\_\_\_\_

\_\_\_ I give permission to a Myers Cooking For A Cause Counselor to administer minor first aid treatment to my child.

\_\_\_ I give permission to a Myers Cooking For A Cause Counselor to seek medical treatment for my child in the event of an emergency.

I hereby release and discharge Myers Cooking For A Cause, its employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation in Myers Cooking For A Cause at St. Norbert. I authorize Myers Cooking For A Cause, its employees, staff and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge Myers Cooking For A Cause or St. Norbert from any responsibility or liability related thereof. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of (my) our child's participation. I allow Myers Cooking For A Cause permission to use photographs taken for promotional usage only and expect no payment in return.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Registration will not be accepted without a properly signed waiver.\*\*\*

