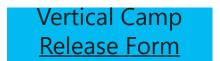


Child's Information



NAME				_ D	ОВ		GRADE(2021-2022 school year)	_ `
ADDRESS .	(0) (1) (1)						(2021-2022 school year)	_
	(Street #/ Po Box, City, Zip)							
	T-SHIRT SIZE: Youth S	Youth M	Youth L	Adult S	Adult M	Adult L		

Parent/ Guardian Information							
Adult #1 (First, Last):							
ADDRESS:	(Street/Po Box, City, State,	Zip)					
	cell home work		cell home work				
EMAIL:							
Relationship to child:							
Adult #2 (First, Last):							
ADDRESS:	(Street/Po Box, City, State,						
	cell home work		cell home work				
EMAIL:							
Relationship to child:							
EMERGENCY CONTACT #1 (First, Last):							
Relationship to child:							
PHONE #:	cell home work	Alt. Ph #:	cell home work				
EMERGENCY CONTACT #2 (First, Last):							
Relationship to child:							
PHONE #:	cell home work	Alt. Ph #:	cell home work				
EMERGENCY CONTACT #3 (First, Last):							
PHONE #:	cell home work	Alt. Ph #:	cell home work				

Medical Release Information

Medical Issue/ Allergy	Symptom	Required Treatment	Call Paramedic? YES NO
	_		YES NO
	_		YES NO
	_		YES NO
Is your child allergic to any type			
	eated for an injury/illness,	or taking any form of medication for any	reason? If yes, please
INSURANCE INFORMATION Health Ins Provider		Policy Number	
Name of Subscriber			
Hospital Preference			
Primary Physician		Phone Number -	
		al emergency involving my child. In the edding of necessary medical services in the edge.	
		Parent/Guardian Initials	
volunteers, will not be held resp		eers, as well as Hope Community staff, pa xpenses incurred, but that such expenses	
parent/guardian.		Parent/Guardian Initials	
Media Release			
I hereby give permission for be used to keep a journal of for promotional purposes in media. I understand that alt	activities, to share duri cluding flyers, brochure hough my child's photo	raphed during Vertical Camp. I undersing Presentations and/or shared with Hes, newspaper and internet announcen ograph may be used for advertising, his otos are the property of Hope Kids an Parent/Guardian Initials	Hope Community, and hents - to include social is/her identity will not be
scheduled events are subject	ct to change. I under	onsible for lost or damaged persor stand that no fees will be refunded or illness per physician orders.	
all liability, claims, damage, will be made to resolve beh to themselves, 2) a danger difficult for other children to from the program. I also as immediate transportation for	injury or illness sustanavior issues, Vertical (to others, or 3) a disrue o enjoy the camp progree that I or one of tor my child if remove	ope Community, its affiliates, and/oined by my child. I understand that Camp will not accept any children to the normal activities making am. Any of these reasons will be the Emergency Contacts on this for different the program due to behavious the program for disciplinary reasons.	t while every attempt that are 1)a danger ng it unreasonably grounds for dismissal m will arrange or. I understand no
Parent/Guardian Signatur	E	Date _	
Printed Name			