

# SLA YOUTH PROGRAMS REGISTRATION FORMS

(Print this form and fill it out entirely. Please only one child per form)

Name of Camper / Sailor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (circle) M F

T-shirt size: (circle) YM YL AS AM AL Other \_\_\_\_\_

Names of Parents / Guardians: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method: (please check the box)  
 Check enclosed for \$ \_\_\_\_\_  VISA  MC

Name on Card: \_\_\_\_\_ CC#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**JSLA Day Camp Program:** Please fill in the week and program for your child

Week #'s	Program (Discovery, Explorer, Expedition, Conservation Corps)

**Community Youth Sailing Program:** please fill in the week time and skill level of your child

Week # / Session #	Morning or Afternoon	Beginner or Intermediate

Child's name: \_\_\_\_\_

**PERMISSION AND INDEMNITY**

I give permission for my child, named above, to participate in any and all Squam Lakes Association youth program activities, including day trips and overnights. I understand that these activities will include automobile travel, boating, hiking, sailing, swimming, team sports, and other activities which create some risk of injury.

In consideration of the opportunity for my child to participate in youth program activities, I, for myself and on behalf of my child, release the Squam Lakes Association, its employees, volunteers, directors and officers, and the owners and operators of vehicles and water craft and the owners and lessees of land where youth program activities occur, from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) occurring to my child in connection with my child's participation in youth program activities. I also agree to indemnify the same persons and organizations from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) caused to anyone by my child.

Please initial: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY HOSPITALIZATION AND SURGERY**

I give permission for such diagnostic, therapeutic and operative procedures to be performed by a duly licensed physician or surgeon as the said doctor shall have deemed to necessary for my child, named above, with the understanding that no operation will be performed except in extreme emergency without a reasonable effort on the part of the Squam Lakes Association to contact the responsible parent or guardian by telephone or other expedient means.

Please initial: \_\_\_\_\_

**PARENT/ GUARDIAN ASSUMPTION OF RESPONSIBILITY**

I hereby certify that my child, named above, has no limitations which would preclude his/her participation in the Squam Lakes Association youth program activities.

Please initial: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Print name)

**NOTE: Your Physician may use his/her own form as long as it contains the following information**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address – permanent \_\_\_\_\_

Address – summer \_\_\_\_\_ Dates \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Special medical problems / medications \_\_\_\_\_

Other considerations, especially any relating to overnight camping trips \_\_\_\_\_

\_\_\_\_\_

Vaccine.....	Initial Inoculation Date	Booster Date
<b>Measles</b> .....	_____	_____
<b>Mumps</b> .....	_____	
<b>Rubella</b> .....	_____	
<b>Polio</b> ..	(1) _____	
.....	(2) _____	
.....	(3) _____	

**PHYSICIAN'S CERTIFICATION**

I certify that \_\_\_\_\_ has received a physical examination within one year prior to entrance to camp. Any conditions that would preclude or limit this camper's participation in JSLA activities are listed above.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

**POSSESSION AND USE FORM  
FOR  
EPINEPHRINE AUTO-INJECTOR OR ASTHMA INHALER**

Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_  
Camp Attendance Dates: \_\_\_\_\_

Name of Medication: \_\_\_\_\_  
Route of Medication: \_\_\_\_\_  
Dosage of Medication: \_\_\_\_\_  
Frequency & Time of Medication Assistance: \_\_\_\_\_  
Date of Order: \_\_\_\_\_

Diagnosis and any other medical conditions requiring medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Recommendations for Administration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special side effects, contraindications and adverse reactions to be observed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of each required medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we certify that the child may possess and use an asthma inhaler or epinephrine auto-injector (circle one) at any camp sponsored event, activity or program and I/we certify that the child has the knowledge and skills to safely possess and use an asthma inhaler epinephrine auto-injector (circle one) in a camp setting.

Name of Licensed Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Licensed Prescriber: \_\_\_\_\_  
Business Telephone of Licensed Prescriber: \_\_\_\_\_  
Emergency Telephone of Licensed Prescriber: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_  
Business/Daytime Telephone of Parent or Guardian: \_\_\_\_\_  
Emergency Telephone of Parent or Guardian: \_\_\_\_\_

Child's name: \_\_\_\_\_

Our summer youth program activities involve outdoor recreation activities and we strive to operate our programs in a manner that is both safe and enjoyable to all involved. If your child has exceptional behavioral, emotional, learning and/or physical needs, we believe that it is helpful to have as much honest and forthright information about them as possible. Please share with us any circumstances that might affect your child's participation in our youth program activities and their interaction with other campers and staff.

*Has your child been diagnosed with any type of behavioral, emotional, learning and/or physical disability? If so, please describe the disability and explain how it is best handled.*

*Is your child on any type of regular medication? If so, please describe the medication, how it is administered, its intended effects, and any possible side effects that you are aware of.*

*Does your child require a special aide or similar consideration at his/her school? If so, please explain the type of assistance your child obtains and whether accommodations for assistance would be required for our youth program activities.*

*Is there anything in your child's life presently that might affect his/her experience participating in our youth program activities, i.e. particular family situation, recent physical problem or illness, a fear of certain things or situations, etc.? If so, please describe.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Print name)

Child's name: \_\_\_\_\_

The following persons are permitted to pick up my child at Squam Lakes Association youth program activities:

\_\_\_\_\_  
Authorized person

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Authorized person

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Authorized person

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Authorized person

\_\_\_\_\_  
Phone number

I give my permission for the above listed persons to pick-up my child, named above, from Squam Lakes Association youth program activities. If the authorized person(s) are unable to pick up your child, you will need to send a note with a signature or call the office. *Please have the authorized person bring identification.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Print name)