



**Youth Career Camp Inc.  
Program Registration Packet  
For Summer Camp – 2018**



*Parents or legal guardians of participants must submit this completed registration packet **with payment for registration before April 27, 2018**. Packets/payments submitted after this date may not be accepted.*

**Date** \_\_\_\_\_ **Payment:** \_\_\_\_\_ ☐Cash ☐Check ☐Card ☐Online(Confirmation No. \_\_\_\_\_)

**PARTICIPANT'S INFORMATION**

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (Next school year): \_\_\_\_\_ School (Next school year): \_\_\_\_\_

Middle School (For Current 8<sup>th</sup> Graders) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Participant's Cell Phone: \_\_\_\_\_

Participant's Email: \_\_\_\_\_ Currently Employed: YES/NO

What type of post-secondary education do you wish to pursue after high school? (circle one)  
University    College    Community College    Technical School    Other    None

If you wish to further your education after high school, how do you plan to pay for it?

\_\_\_\_\_  
\_\_\_\_\_

If you do not wish to further your education after high school, what are your plans after high school?

\_\_\_\_\_  
\_\_\_\_\_

Name 3 career fields you interested in pursuing. List your most desired choice first:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you interested in job shadowing at the end of this program? YES NO(circle one)

If yes, in which one of the above career fields: \_\_\_\_\_

Please list your interests or hobbies:

\_\_\_\_\_  
\_\_\_\_\_

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**PARENTAL AGREEMENT AND PERMISSION SECTION**

I, \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_  
(Enter participant's full name)

authorize him/her to attend and participate in all YCC-2018 activities including field trips as outlined on program itinerary and agendas. I understand that the registration fee is not refundable under any circumstance. **I agree to pay \$100 for tuition on or before April 27, 2018**, and that I may choose to make partial payments of this tuition, making the final and full payment by April 27, 2018. I agree that if I do not make the final and full payment of tuition by April 27, 2018, my child may be released from this program. I understand that **to receive a refund of any amount of my tuition, I must withdraw him/her from this program on or before April 27, 2018**. I agree that if my child is withdrawn or released from this program for any reason on or after **April 28, 2018 I will receive no refund** of any kind.

I give Youth Career Camp Inc. Directors and staff permission to act on my behalf to request/obtain any medical treatment which they consider to be appropriate or necessary, in the event my child is injured or becomes ill during field trips and any other activities associated with this program. I further authorize emergency medical technicians or other health care providers to provide medical treatment and care as deemed necessary for the health, safety and well-being of my child. I hereby release any claims which I might otherwise have against Youth Career Camp Inc., the Director, or Staff for authorizing such medical care or treatment for my child under emergency conditions as warranted under the circumstances. I understand and agree that I will be financially responsible for all charges incurred in connection with such medical treatment.

Please place **YOUR INITIALS** in the blocks next to the appropriate statement.  
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☐ **I have Medical Insurance for this participating child.**

Provider: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

☐ **I do not have insurance for this participating child, and I am responsible for any expenses resulting from medical treatment, or Dr.'s visits any time during this program.**

☐ **My child has the following allergies, physical and/or medical limitations (Please be specific and attach appropriate medical release):**

\_\_\_\_\_

\_\_\_\_\_

☐ **My child HAS NO allergies, physical and/or medical limitations.**

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Please place **YOUR INITIALS** in the blocks next to the appropriate statement

☐ **My child currently takes the following medications:**

Name of the Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Time medication should be given: \_\_\_\_\_  
How is medication administered? **(Circle One)** by Mouth, Inhaler, Cream, Shot,  
Other: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Time medication should be given: \_\_\_\_\_  
How is medication administered? **(Circle One)** by Mouth, Inhaler, Cream, Shot,  
Other: \_\_\_\_\_  
Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ **My Child does not take medications**

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**PARENTS/GUARDIANS INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Address: If different from Youth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Address: If different from Youth: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Signature of parent/guardian completing these forms: \_\_\_\_\_

Seal for Notary:

Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_