



**Youth Career Camp Inc.
Program Registration Packet
For Summer Camp – 2019 Ages 14-17**



Registration fee must be submitted with this packet. ***Final program fee must be paid before May 2, 2019.***
Packets submitted on or after May 2nd 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 _____

Drivers License / Permit No: _____ State: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Currently Employed: YES / NO

High School Graduate? YES [Year: _____] / NO

Currently Attending High School At: _____

Last Attended High School At: _____

Place Check The Box Next To The Type of School You Wish To Attend

GED Technical College Community College University None

What type of degree are you currently interested in? _____

What are your plans after receiving your high school diploma?

List 3 things you would like to do in order to make a living now, and, or in the future:

1. _____

2. _____

3. _____

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

If yes, what type of job shadowing are you interested in? _____

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/YEP 2019 activities including field trips as outlined on program itinerary and agendas. I understand that the registration fee submitted with this form is not refundable under any circumstances.

I agree to pay \$100 on or before May 1, 2019. I understand and agree that if I do not make the final and full \$100 payment by May 1st my child may be released from YCC/YEP 2019. I understand that **to receive a refund of any amount of my \$100 payment, I must withdraw him/her from YCC/YEP 2019 on or before May 1st.** If I withdraw him/her, or if he/she is released from YCC/YEP 2019 for any reason, on or after **May 2nd, I will receive no refund** of any amount.

I give permission to Youth Career Camp Inc. Directors, and it's staff to act on my behalf, to request or obtain any medical treatment for my child, which they consider to be appropriate or necessary, in the event my child is injured or, if my child becomes ill during field trips and any other activities associated with YCC/YEP 2019. I further authorize emergency medical technicians or other health care providers to provide medical treatment and care as deemed necessary for my child's health, safety and well-being, if I am unable to do so.

I hereby release Youth Career Camp Inc. from any claims which I might otherwise have against, them, it's Directors, 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 any medical treatment while attending YCC/YEP 2019.

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

I have Medical Insurance for this participating child.

Provider: _____

Address: _____

Phone #: _____ Policy #: _____

Group #: _____ Dr's Name: _____

I do not have insurance for this participating child, and I am responsible for any expenses resulting from medical treatment, or Dr. visits at any time during this YCC/YEP 2019.

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 required: _____ Time/Frequency taken: _____

How is medication administered? **(Circle One)** by Mouth, Inhaler, Cream, Shot,

Other: _____

Name of Medication: _____

Dosage required: _____ Time/Frequency taken: _____

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: _____