



**DREAM BUILDERS 2020 SUMMER YOUTH EMPOWERMENT CAMP REGISTRATION FORM**

There is a non-refundable \$50 registration fee for all summer camp registrants, excluding children who are currently enrolled in the Dream Builders Greatness Empowerment Center After-School Program.

**Student Information**

**PLEASE PRINT ALL INFORMATION CLEARLY**

Child's Full Name: \_\_\_\_\_  
Last First Nickname

Parent/Guardian's Name: \_\_\_\_\_  
Last First

Parent/Guardian's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

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

Day Time Phone for Parent or Guardian name \_\_\_\_\_

( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**BEST EMERGENCY CONTACT # FOR PARENT OR GUARDIAN NAME:**

( ) \_\_\_\_\_

**BEST EMERGENCY CONTACT # FOR PARENT OR GUARDIAN NAME:**

( ) \_\_\_\_\_

1. Child's Full Name \_\_\_\_\_  
Last First Nickname

Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

T-Shirt Size (circle one): Child S M L ~ Adult S M L XL 2X 3X 4X

**If you have more than one child being enrolled, please complete the information below:**

2. Child's Full Name \_\_\_\_\_  
Last First Nickname

Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

T-Shirt Size (circle one): Child S M L ~ Adult S M L XL 2X 3X 4X

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3. Child's Full Name \_\_\_\_\_  
Last First Nickname

Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

T-Shirt Size (circle one): Child S M L ~ Adult S M L XL 2X 3X 4X

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4. Child's Full Name \_\_\_\_\_  
Last First Nickname

Birth Date: \_\_\_\_\_ Grade Complete \_\_\_\_\_

T-Shirt Size (circle one): Child S M L Adult S M L XL 2X 3X 4X

5. Child's Full Name \_\_\_\_\_  
Last First Nickname

Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

T-Shirt Size (circle one): Child S M L Adult S M L XL 2X 3X 4X

**Emergency Contact Information**

**Primary Emergency Contact if parent(s) can't be reached**

Full Name: \_\_\_\_\_  
Last First

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

**Secondary Emergency Contact if parent(s) can't be reached**

Full Name: \_\_\_\_\_  
Last First

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

**Child Pick-Up Information**

Please list below the persons who have \*Permission\* to pick up your child.

**Note: Anyone picking up your child must have picture ID.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

Please complete the following immunization information for our records and provide a copy of your child(ren)'s most recent shot record.

**CHILD' NAME:**

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

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

**CHILD' NAME:**

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

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

**CHILD' NAME:**

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

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**CHILD' NAME:**

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral)/IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

List any know conditions, diseases, etc., which may limit or restrict your child from participating in the camp activities:

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I hereby certify that my son/daughter is fully capable of participating in this camp program.

\_\_\_\_\_

Date Parent's or Guardian's Signature

***Camp staff is not permitted to dispense medication.***

In the event of an emergency, if I cannot be contacted, you have my permission to treat my child.

Signature: \_\_\_\_\_

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

Name of child's pediatrician: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

# **DREAM BUILDERS GREATNESS**

## **Summer Youth Empowerment Camp Registration**

### **AUTHORIZATION OF TREATMENT:**

I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

\_\_\_\_\_  
**Initials**

### **RELEASE STATEMENT:**

I acknowledge that there are natural hazards associated with activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities (running, jumping, skipping, skating, etc.) of camp. In consideration of Dream Builders Greatness Summer Youth Empowerment Camp accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge Dream Builders Greatness Center, its directors and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

\_\_\_\_\_  
**Initials**

### **PHOTO RELEASE:**

I hereby give my permission for my child's picture to be used by Dream Builders Greatness Summer Youth Empowerment Camp publications or video programs.

\_\_\_\_\_  
**Initials**

### **WATER ACTIVITIES:**

I understand that the camp includes activities in or near water. I give my permission for my child to participate in all water activities.

\_\_\_\_\_  
**Initials**

### **TRAVEL:**

I give my permission for my child to travel in the camp van to field trip destinations (movies, skating, pool, parks, restaurants) which correlate to the camp activities. I understand that I will be informed of the field trips scheduled on the first day of camp.

\_\_\_\_\_  
**Initials**

**MOVIES**

I understand that campers will only view movies that have a rating of “G” or “PG.” We will make every effort to screen movies prior to viewing by campers. By my initials I give permission for my child to view these movies.

\_\_\_\_\_ (INITIAL)

**SUNSCREEN**

I understand that I must put sunscreen on my child every day before coming to camp. The campers will be reminded to reapply sunscreen at lunch time.

\_\_\_\_\_ (INITIAL)

**ELECTRONICS**

I understand that Game boys, Nintendo DS, PSP’s, iPods, Headphones, etc. should be kept home and not brought to camp. Campers will have enough activities to keep them busy.

\_\_\_\_\_ (INITIAL)

**PERSONAL BELONGINGS**

I understand that all belongings should be labeled to help prevent being lost. I also understand that it is the camper’s responsibility to keep track of his or her belongings. In the event that any items are lost, Dream Builders Greatness will not be held responsible.

\_\_\_\_\_ (INITIAL)

I acknowledge receipt of these policies and understand my responsibilities as the guardian of: