

CAMP REGISTRATION AGREEMENT

THE URBAN CHICKENS — SUMMER DAY CAMP 2017

CHILD'S INFORMATION				Beginning Camp Date	Camp End Date
Child's Name	Last	First	Middle	Name (Nickname) Used	Birthdate
Street Address				City	Zip Code
Child's Parent/Guardian #1 Name		home phone # () -		cell phone # () -	work phone # () -
Street Address				City	Zip Code
Address where you can be reached while child is in care				City	Zip Code
Child's Parent/Guardian #2 Name		home phone # () -		cell phone # () -	work phone # () -
Street Address				City	Zip Code
Address where you can be reached while child is in care				City	Zip Code
PERSONS AUTHORIZED TO PICK UP YOUR CHILD					
Other than you, who else has permission to pick up your child?					
Name		Address		Telephone number	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	

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CHILD'S MEDICAL INSURANCE COVERAGE	
Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I give permission that my child, _____, may be given basic first aid/emergency CPR treatment by camp staff until an ambulance arrives by:

Name of Business: Inspired Joy Inc Doing Business As The Urban Chickens,

Mailing Address of Business: 9805 NE 116th Street, Kirkland, Washington 98034.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the The Urban Chickens' adult staff to obtain emergency care for my participant, neither the staff nor Inspire Joy Inc Doing Business As The Urban Chickens assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances. Further, The Urban Chickens has my permission to secure emergency medical attention if I cannot be reached immediately.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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PHOTO RELEASE: By signing this agreement, I give permission for Inspire Joy Inc Doing Business As The Urban Chickens the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any videos or photos of my child or family or in which they may be included, that may be taken while participating in The Urban Chickens program activities.

I have carefully read and understand and agree to all information provided to me about The Urban Chickens camp and have taken the opportunity to ask any questions I have. I also agree to abide by all Rules of Enrollment.

Parent/Guardian Signature: _____

The Urban Chickens

Mail: 9805 NE 116th Street
Suite #7467
Kirkland WA 98034
206-240-9304

theurbanchickens@gmail.com
www.theurbanchickens.com

Parent/Guardian Signature Date