

2009 SAFE KIDS BOOT CAMP

Registration Form

If multiple children from the same family are attending, a separate registration form **MUST** be completed for each child.



- July 6-10, 2009 – Pathways United Methodist Church
1232 E. Dale St., Springfield, MO (between Glenstone & National)

Personal Information

Child's Name: _____

Age: _____ Grade Completed: _____ School Attended: _____

Parent's Name(s): _____

Address: _____

City/State/Zip: _____

County of Residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Which number should we call first in case of an emergency: _____

Email: _____

T-shirt size: YS YM YL AS AM AL Date of Birth: _____

Child's Weight: _____ (needed for ordering of camp supplies)

Emergency Contact *(if parent listed above is not available)*

Name: _____ Relationship to child: _____

Phone: _____

Limitations/Restrictions on Child

Please list any medical needs or issues (i.e. diabetes, ADHD, physical limitations, etc) along with ANY restrictions on activities or diet. Also list any food, medication or other allergies. Explain in detail:

Parental Release for Photograph

(Please place a check mark in the box & fill in the blanks below if you understand and agree with the information below)

- I hereby authorize and give full consent for my child, _____, age _____, to be photographed by SAFE KIDS Springfield & St. John's Health System. SAFE KIDS Springfield/ St. John's Health System may copyright or publish photographs taken and/or statements made in which this child appears. I further agree that SAFE KIDS Springfield/ St. John's Health System may use or cause to be used these statements and/or photographs for any or all exhibitions, public displays and publications, without limitation, reservation or compensation.

I understand that the final editing of any photograph done by the news media is not within the control of SAFE KIDS Springfield/ St. John's Health System, and SAFE KIDS Springfield/ St. John's Health System does not have responsibility for the story that appears on radio/television or in the newspaper.

Parental Responsibilities

(Please place a check mark in the box if you understand & will comply with what is being asked of you)

I understand that this program is being offered through the generous support of numerous foundations, businesses, and organizations and information provided through this program will be used for evaluation purposes only. No personal information will be provided to any outside agency. To complete Safe Kids Boot Camp funders' guidelines, I understand that I will be asked to complete 4 short daily surveys and 1 follow-up survey regarding the various safety topics discussed at Camp and actions taken as a result of this program. I understand that my child is expected to participate in ALL activities (unless specified in Limitations section) and I have discussed this with my child BEFORE camp.

Liability Release

(Please place a check mark in the box if you understand & will comply with what is being asked of you)

I understand and agree that the sole purpose of this program is to help reduce the incidence of death and injury attributed to unintentional injuries. I understand and agree that Safe Kids Springfield (hereinafter "the Coalition"), and St. John's Health System, its officers, employees or agents, (hereinafter "the Hospital"), are providing this injury prevention program as a free service to me and my child and the Coalition and the Council are providing me free safety devices as a public service in the interest of encouraging safety and helping to prevent injuries to my family.

I understand that the Coalition and the Hospital do not guarantee or endorse these brands of safety devices. I also understand that the Coalition or the Hospital is not a seller, manufacturer or dealer of safety devices, and that this program cannot fully evaluate the quality, safety or condition of the safety device or manner in which it is installed, maintained or used.

In exchange for accepting the free safety devices and the injury prevention program materials, I agree not to make any claim or demand or to file any lawsuit against the Coalition or the Hospital, or any individual connected with the Coalition or the Hospital for any present or future injuries, damages, costs or expenses claimed to have resulted from the safety device or my child's participation in this program. I further agree that I will read and follow the manufacturer's instructions which are included with the safety devices.

This release from liability is binding on me and my family and all my heirs and successors.

Print name here: _____
Mother, Father or Legal Guardian

Signature: _____
Mother, Father or Legal Guardian

Witness: _____ Date: _____

**Please mail with your \$25 check or money order to: Safe Kids Springfield,
c/o St. John's Trauma Services, 1235 E. Cherokee, Springfield, MO 65804**

Safe Kids Boot Camp Partners:



ST. JOHN'S
POWERFUL MEDICINE

FOR OFFICE USE ONLY:

Date Paid: _____
Check #: _____
Amount: _____