

# Teen Camp #inTENTCity

July 22-23, 2014

Registration deadline: July 11, 2014

Participant First Name		Participant Last Name	
Date of birth	Age		
What school do you attend?		Grade Entering	
Address		City	
State		Zip	
Home Phone		Email	
Cell Phone		T-shirt Size: <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XLG	
All t-shirts are Adult sizes			

Parent/Guardian Name #1			
Daytime Phone		Email	

Parent/Guardian Name #2			
Daytime Phone		Email	

<b>Photograph Consent</b> I give permission to the Confederated Tribes of Siletz and the Siletz CARE Program to use my name, family member's name, and photographs in brochures, newspapers, broadcasts, telecasts, and any other form of communication.	
Date	Signature

<b>In case of emergency, please contact:</b>			
Name		Relationship to you	
Daytime Phone		Evening Phone	

**Participant Health and Medical History (Questions 1-5 must be completed.)**

**1. Special Dietary Needs**

In the space below, please list all food allergies and/or other dietary restrictions for the person listed above and any necessary precautions that should be taken:

**2. Has the participant ever experienced (or had special needs in) any of the following?**

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Bleeding Disorders	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Seizures/Convulsions	<input type="checkbox"/>	Wears Contacts
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Behavior	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	Non-food allergies	<input type="checkbox"/>	Other

In the space below, please describe any condition or need you checked above.

**3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?**

Yes       No      If YES, Please Explain

**4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?**

Yes       No      If YES, Please Explain

**5. What else should we know about your child?**

## Parent's Approval/Medical Authorization

1. I give my permission for the participant named on this form to attend the designated program. He/She has permission to participate in all activities which may include swimming and other water sports under the supervision of adult(s) and to take part in other scheduled activities such as physical activity/exercise and related activities under the supervision of adult(s); subject to limitations noted herein.
2. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Teen Camp Director to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child as named above.

<b>Date</b>	<b>Parent/Guardian Printed Name</b>	<b>Parent/Guardian Signature</b>

**Special Medical Concerns:**

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<b>Name of Insurance Provider</b>		<b>Policy No.</b>	
<b>Name of Policy Holder</b>			

## Youth Participation Agreement

1. I understand and agree to abide with any restrictions placed on my activities according to this registration form.

<b>Date</b>	<b>Participant Printed Name</b>	<b>Participant Signature</b>

Please contact Brittany Russell at 541-444-9679 or [brittanyr@ctsi.nsn.us](mailto:brittanyr@ctsi.nsn.us) with any questions. Return completed Registration Form, Code of Conduct and Medication Release (if applicable) to:

**Brittany Russell**  
**Siletz CARE Program**  
**P.O. Box 320**  
**Siletz, OR 97380**