



There will be a \$100 registration fee for the 2009 summer this will include a T-shirt please indicate size of T-shirt student will need
XS S M L XL

2009 Summer Registration

Beginning, Monday, June 15th – Ending, Friday, August 7th

Center Closed: Friday, July 3rd & Monday, July 6th

For Incoming 6th Graders – Incoming 9th Graders & Junior Counselors

STUDENT INFORMATION			
Student's last name:	First:	Middle :	Grade
			School (circle one)
			Age
			BTMS / ITMS / Other(name)
Address		City:	State:
		ZIP Code:	
Parent/Guardian Name		Home Phone no.	Work Phone no.
		()	()
Florida Drivers License #		Cell Phone no.	
		()	
Other family members participating:			
Indicate the amount of time your child will be spending at the Youth Center			
<input type="checkbox"/> full time (at least 3 full days a week) <input type="checkbox"/> part time (less than 3 days week or occasionally)			
List specifics			
List Known Dates Child Will Not be in Attendance			
List authorized adults to pick child up: Name and relation to child			

Flagler County youth Center will be offering a full summer program on a volunteer basis for free. Participation on both the part of the student and staff is completely voluntary and youth center staff holds the right to deny any child of participation if it is a disruption to the flow of activities. Trips will take place every Wednesday at a first pay first go basis; cost will be advertised in advance and will cover transportation admission and adult supervision. By signing this form you have read and agree to the terms and conditions set forth for your child, and assure accurate information was given in all forms.

Signature

Date

FLAGLER COUNTY YOUTH CENTER EMERGENCY CONTACT AND MEDICAL INFORMATION (386)437-7540 EXT 5101

M F
Sex

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations/ and current medicine

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to[Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date