



REGISTRATION

CAMPER INFORMATION

(FIRST NAME) (MIDDLE NAME) (LAST NAME) (GENDER)

(SCHOOL NAME) (GRADE) (BIRTH DATE) / / (AGE)

(STREET ADDRESS)

(TOWN/CITY) (STATE) (ZIP) () (HOME PHONE)

FAVORITE MOVIES, BOOKS, GAMES, ETC



REGISTRATION

PARENT/GUARDIAN CONTACT INFORMATION

(FIRST NAME)

(LAST NAME)

(MS/MRS/MR/OTHER)

CAMPER LIVES WITH

(STREET ADDRESS)

(TOWN/CITY)

(STATE)

(ZIP)

(HOME PHONE)

(WORK PHONE)

(CELL PHONE)

(EMAIL)

(OCCUPATION)

(EMPLOYER)

(FIRST NAME)

(LAST NAME)

(MS/MRS/MR/OTHER)

CAMPER LIVES WITH

(STREET ADDRESS)

(TOWN/CITY)

(STATE)

(ZIP)

(HOME PHONE)

(WORK PHONE)

(CELL PHONE)

(EMAIL)

(OCCUPATION)

(EMPLOYER)



REGISTRATION

CAMPER DESIGNATED PICKUP

PLEASE LIST THOSE PEOPLE IN ADDITION TO PARENTS/GUARDIANS WHO ARE PERMITTED TO PICK UP HERO CAMPERS:

[1]

[2]

[3]

[4]

PLEASE NOTE:

Campers will **ONLY** be released to Parents/Guardians or the above adults with a Hero Camp Pick-Up Card (issued by camp) plainly displayed in front window of vehicle.



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MEDICAL INFORMATION

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures):

MEDICAL ISSUE

REQUIRED TREATMENT

Should paramedic be called?

YES NO

MEDICAL ISSUE

REQUIRED TREATMENT

Should paramedic be called?

YES NO



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MEDICAL INFORMATION (CONT)

Is this camper presently being treated for an injury or sickness, or taking any form of medication for any reason?

YES NO

IF YES, PLEASE DESCRIBE

Is your child allergic to any type of food or medication?

YES NO

IF YES, PLEASE PROVIDE DETAILS



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IN CASE OF MEDICAL EMERGENCY CONTACT

(CONTACT N° 1) ()
(PHONE)

(CONTACT N° 2) ()
(PHONE)

(CONTACT N° 3) ()
(PHONE)

I understand that I will be notified in the case of a medical emergency involving my child.

In the event that I cannot be reached, I authorize the calling of a physician and the providing of any necessary medical services in the event my child is injured or becomes ill.

PARENT/GUARDIAN INITIALS

I understand that the UPR and/or its UPR Hero Camp will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

PARENT/GUARDIAN INITIALS



REGISTRATION

TERMS OF AGREEMENT

PHOTO RELEASE

I hereby give permission for my child to be photographed during the UPR Hero Camp. I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports to our donors, and for promotional purposes including flyers, brochures, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of UPR and its affiliates.

PARENT/GUARDIAN INITIALS

UPR and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

(SIGNATURE OF PARENT OR GUARDIAN)

____/____/____
(DATE)

(PRINTED NAME)