

SportsDayCamp.com

Make checks payable to
Youth Outreach Ministry (or Y.O.M.)

DiscoverDayCamp.com

Ages 6-12 (and 5-year-olds who have completed K5).

P.O. Box 18500

Pensacola, FL 32523-8500

Those who have just completed grades 1-6.

Enclose registration fee: \$40 if registered by the Thursday before camp; \$50 after that time (*this one-time fee is paid with registration*).

Camp Fee: \$150 per week (*must be paid by first morning of camp week*)

Camper Information

Name _____ Gender Boy Girl
(Please print) First Middle Last Prefer to be called (Campers teamed according to birth gender for Sports Center Day Camp.)

Date of Birth _____ Age _____ Grade _____ Height _____ ft. _____ in.
During camp Just completed

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone (____) _____ Parent/Legal Guardian E-mail _____

Does camper attend PCA? Yes No *To protect your child's privacy, PCA health records are not released to Day Camps.

Week(s) Attending (for weeks of June 7-July 30, choose either Discover or Sports Center Day Camp option)

- | | | |
|--|--|--|
| <input type="checkbox"/> June 7-11 <input type="radio"/> Sports Center <input type="radio"/> Discover | <input type="checkbox"/> June 14-18 <input type="radio"/> Sports Center <input type="radio"/> Discover | <input type="checkbox"/> June 21-25 <input type="radio"/> Sports Center <input type="radio"/> Discover |
| <input type="checkbox"/> June 28-July 2 <input type="radio"/> Sports Center <input type="radio"/> Discover | <input type="checkbox"/> July 6-9* <input type="radio"/> Sports Center <input type="radio"/> Discover | <input type="checkbox"/> July 12-16 <input type="radio"/> Sports Center <input type="radio"/> Discover |
| <input type="checkbox"/> July 19-23 <input type="radio"/> Sports Center <input type="radio"/> Discover | <input type="checkbox"/> July 26-30 <input type="radio"/> Sports Center <input type="radio"/> Discover | <input type="checkbox"/> Aug. 2-6 <input type="radio"/> Sports Center |
| <input type="checkbox"/> Aug. 9-13 <input type="radio"/> Sports Center | | |

Extended care needed? Yes No If "yes," check week(s) extended care is needed. 3-5:30 p.m., \$50 per week **July 4 week:
 June 7-11 June 14-18 June 21-25 June 28-July 2 July 6-9* Tues.-Fri. \$120 camp fee;
 July 12-16 July 19-23 July 26-30 Aug. 2-6 Aug. 9-13 \$40 extended care fee.

Emergency Information

Father Legal Guardian _____ Cell (____) _____ Work (____) _____
First Last

Mother Legal Guardian _____ Cell (____) _____ Work (____) _____
First Last

When parents unavailable, contact the following:

Name _____ Relationship _____ Phone (____) _____
First Last

Names of people authorized to pick up this camper (parents/legal guardians/emergency contacts listed above do not need to be listed again):

Name _____ Relationship _____ Phone (____) _____
First Last

Name _____ Relationship _____ Phone (____) _____
First Last

With whom will the child live during camp? _____ Relationship _____
First Last

Medical Information

The following medical questions and waiver **must be filled out by camper's parent/legal guardian.**

1. Does the camper have any current medical/emotional/behavioral/physical conditions and/or any food/environmental allergies? (e.g., ADHD, ODD, ADD, anxiety, seizures, diabetes, peanut allergy, pollen allergy, etc.) Yes* No If "yes," please explain. _____

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medications, vitamins/supplements, or essential oils to camp? Yes* No If "yes," please note the types of medication. _____

***If "yes" to either of the above questions (1-2), for the safety of your camper, a Medical Release form must be received in office prior to attending camp. The Medical Release form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the Medical Release has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.**

3. If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer. (If left unchecked, option will be considered "no.")

- | | | |
|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Acetaminophen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen (Advil/Motrin) | <input type="checkbox"/> Yes <input type="checkbox"/> No Calcium Carbonate (Tums) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Auro-Dri (Swimmer's Ear) | <input type="checkbox"/> Yes <input type="checkbox"/> No Diphenhydramine (Benadryl) | |

Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience for your camper. _____

I hereby grant permission for my child to attend Discover Day Camp and/or Sports Center Day Camp (individually and collectively, the "Camp") and to participate in all Camp activities. Furthermore, in consideration of my child participating in the Camp, I knowingly and voluntarily agree to indemnify and save Youth Outreach Ministry, Inc. ("YOM") and Pensacola Christian College, Inc. ("PCC"), including their affiliates, employees, agents, and volunteers, harmless from any liability or medical payments resulting from my child's participating in the Camp or other activities during his/her stay at the Camp. I further understand that neither YOM nor PCC provides medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child to attend the Camp and to participate in all the Camp activities. I give permission for my child's picture to be used in future publications, including publication on YOM and its affiliates' web pages. Campers are teamed according to their age, grade, and birth gender. Registration fee is nonrefundable and nontransferable. No refunds are available if a child attends any part of a week. I understand that Youth Outreach Ministry, Inc. reserves the right in its sole discretion to accept or deny admission and/or participation. If admission is denied, all deposits and monies paid will be refunded. There is a \$25 charge for all checks returned to us by your bank for any reason. We are unable to accept postdated checks.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Signature—Parent/Legal Guardian **Only**

Relationship to Child

Date

Signed form for each camper must be received before camper may participate.

Sports Center Day Camp and Discover Day Camp are YOUTH OUTREACH MINISTRY camps