



Jessica Ann Moore Foundation  
Two Day Summer Youth Workshop  
August 7 - 8, 2018  
Registration Form

Registration Dates: (July 1 – 25, 2018)

***The Two Day Summer Youth Workshop is free and open to the public. Breakfast, lunch and afternoon snacks will be provided.***

**STUDENT INFORMATION (Please use a separate form for each child attending)**

Student Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Student Address \_\_\_\_\_

City/County: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Child's Phone: \_\_\_\_\_

**Parent/Guardian - Contact Information**

***Parent/Guardian***

First \_\_\_\_\_ Last \_\_\_\_\_

Parent/Guardian Address (if different than student) \_\_\_\_\_

City/County: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Relation to child \_\_\_\_\_

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

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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 doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Jessica Ann Moore Foundation will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Photo Release**

I hereby give permission for my child to be photographed during the Two Day Summer Youth Workshop. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper 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 Jessica Ann Moore Foundation.

Parent's/Guardian's Initials \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_