

Hayes Summer Camp is a Christ-centered program which collaborates with other local agencies, churches, and ministries.

Personal Information

Name of student _____

Date of Birth ___ / ___ / ___ Grade _____ Age _____ T-Shirt Size _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Parental Legal Guardian #1

(First, Last Name) _____

Work Phone: () _____ Mobile Phone () _____

Parental Legal Guardian #2

(First, Last Name) _____

Work Phone: () _____ Mobile Phone () _____

Permission for Release

Please initial one of the following

_____ My child may walk home from HAYES Summer Camp

_____ My child may be picked up from HAYES Summer Camp

I give permission for my child to be picked up by the following individuals

Your child will not be released to any other individual unless we are notified of an addition to this list.

Emergency Contact Information

In the event of an emergency and you be reached please give a name and phone number of an Authorized/ Designated individuals to make emergency decisions:

Name: _____ Phone #: () _____

Relationship: _____

Any activity restrictions (including previous injuries)

Medical Insurance Company _____ Policy #: _____

Primary Care Physician _____ Phone number _____

Preferred medical facility _____

Emergency Contact Information (continued)

Medical Information			
Food Allergies (peanuts, dyes, lactose)	Medicine Allergies (penicillin, aspirin)	Medical Conditions (seizures, diabetes, asthma)	Medications (inhaler, Epi-pen)
Other:			

_____ Emergency Medical Release (*Must be initialed for your child to participate)

My signature indicates that in the event of an emergency and in the event that: (1) a parent/ legal guardian or the authorized/ designated individual(s) cannot be reached; or (2) immediate medical attention is necessary, I consent to have HAYES Summer staff/ leaders/ volunteers act in my behalf and hereby grant my permission for emergency treatment to be administered until a parent/ legal guardian or the authorized/ designated individual(s) identified can be reached. I am consenting to any X-ray examinations, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his/her authorization. I agree not to hold HAYES Summer Camp or any staff/ leaders/ volunteers liable for any decisions, for any medical treatment made under this authorization or for any accident or loss to the student, however caused.

_____ Liability Release (*Must be initialized for your child to attend)

In addition, I do hereby release, forever discharge and agree to hold harmless the HAYES Summer Camp directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any trip or activity.

_____ Permission to Transport

I give HAYES Summer Camp permission to transport my son/daughter to and from HAYES Summer Camp programs and related events.

_____ Promotional Release

I also release HAYES Summer Camp to use photos, video, and audio of student in promotional materials that support the HAYES Summer Camp and its programs. I release HAYES Summer Camp from any liability connected with the use of my picture or voice recording as a part of any promotional recruitment or fundraising programs.

My initials beside each category and my signature below indicates that I have read and do agree to the conditions listed above and that I have given accurate and necessary information regarding the above named child.

Parent/ Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date _____/_____/_____

The below policy was established by the TRAILS Hayes Summer Camp staff to help maintain the safety and wellness of both the campers and staff. By signing this form you are stating that you have read and agree to this Discipline Policy. Failure to sign this form results in the camper not being allowed to participate in the 6 week program.

Guidelines for Discipline

1. Inappropriate language
 - a) Cursing or swearing
 - b) Name Calling
 - c) Racial slurs or derogatory remarks
2. Inappropriate behavior
 - a) Hitting or touching other participants or staff
 - b) Defiant acts toward staff – not complying with staff objectives
 - c) Disruptive actions that disrupt the group
 - d) Use of cell phone during activities
3. Disrespect
 - a) Lack of respect for others views or values

Discipline Occurrences/Consequences

The participants who violate the guidelines will adhere to the 3 strike rule. They will receive 2 prompts before they are asked to leave the premises of the camp. The participant will be allowed to return the next day. In the case of repeated offenses daily or weekly, at the discretion of Site Staff, the participant will not be allowed to return to the camp.

1. First offense = Verbal Prompt
2. Second Offense= Warning of removal for the day
3. Third offense= Participant is removed from premises and parent/guardian are contacted.

I have read the above policy and understand the consequences that will occur if my child has a behavior problem at TRAILS Hayes Summer Camp.

(Child Name) _____ (Site/ Location) _____

(Parents Signature) _____ (Date) _____

There are 4 ways to turn in forms!

Mail It

TRAILS Ministries, Inc
ATTN: Hayes Summer Camp
PO Box 157
918 7th Avenue
Beaver Falls, PA 15010

E-Mail It

k.cole@trailsministries.org

Bring It

The Hope Center
918 7th Avenue
Beaver Falls, PA 15010

Fax It

(724) 847-4248