



“Helping our youth get the tools they need to succeed as soon as possible”

Application for YES! Summer Program 2022

Child's name:	Birth date:	Age:	Gender: M or F
Last school attended:		Last grade completed:	
Participant's race: () African American () Asian () Hispanic () Native American () Caucasian () Other: _____			
Address:		Home Phone #:	
Street	City	State	Zip
Lives with both parents: Yes () No ()		Lives with grandparents: Yes () No ()	
Parent(s):	Work Phone #:	Cell #:	
Parent(s):	Work Phone #:	Cell #:	
Marital Status: Married () Divorced () Single () Number of Dependents _____			
Age Range: 16-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ Over 50 _____			
My child may be released to:			

T-shirt size (Please circle):	Youth S M L	Adult S M L XL 2XL 3XL
IN CASE OF EMERGENCY, call:		
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
MEDICAL INFORMATION – ROUTINE HEALTH CARE:		
Doctor's name:	Phone #:	
Clinic address: _____		
Street	City	State Zip
Name of insurance company or type of insurance:		
Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any medications your child is currently taking:		
Medical Conditions:		
Please list any medical conditions that will prevent your child from engaging in physical activities.		

Any health restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list:

List any allergies your child has (food, medication, latex, insects, etc.) below:
Are there any foods your child cannot eat?
Child's favorite activities:
What do we need to know about your child?

What health problems has your child been treated for in the last five years (check all that apply):

DIABETES SEIZURES VISION ASTHMA

ADD BLEEDING PROBLEMS HEARING STUNT

ADHD SICKLE CELL ANEMIA HEART DISEASE

OTHER (Please describe): _____

Note PARENTS ARE RESPONSIBLE FOR KEEPING ALL PHONE NUMBERS AND ADDRESSES CURRENT

Parent/Guardian Signature

Date Signed

RELEASE OF LIABILITY FORM

On this _____ day of _____, 20____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Mirror of Grace Outreach/YES! Summer Program and any of its employees or agents representing or related to this entity. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this YES! Summer Program. The undersigned further agrees to abide by all the rules and regulation promulgated by Mirror of Grace Outreach and/or its affiliate groups and vendors throughout Mirror of Grace Outreach's YES! Summer Program.

Child(ren)'s Name(s):

Parent/Guardian Name (please print)

Parent/Guardian Signature

Witness

Date Signed

Date

FOR EMERGENCY TREATMENT

If I cannot be reached, the Camp Coordinator has my permission to give basic first aid and to seek
Emergency treatment for

Child(ren)'s Name(s):

at _____ Hospital or the nearest facility.

*PARENTS ARE RESPONSIBLE FOR ANY EXPENSES INCURRED IN SEEKING TREATMENT.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date Signed

Witness

Date

PERMISSION FOR CHILD PHOTOGRAPHS

Mirror of Grace Outreach's YES! Summer Program has my permission to take pictures of my child(ren) during the program and place them in brochures or on display as desired, including Mirror of Grace Outreach's website.

Child(ren)'s Name(s):

Parent/Guardian Name (please print)

Parent/Guardian Signature

Witness

Date Signed

Date