



Mail To:

Zion Global Ministries-U-Talented Summer Fine Arts Camp
 9180 Cincinnati-Columbus Rd. West Chester, OH 45069

Please Print or Type

1. Identifying Information (For Participant)

Last Name First Name Middle Name Gender Age

Address City State Zip

(Area code) Home Phone Work Phone Cell E-mail

Guardian's Name Address City State Zip

Day Phone Home Phone Night/Cell Phone

Emergency Contact: (other than above) _____
 Relationship: _____ Phone(s) (_____) _____

How did you find out about our Camp? _____

II. MEDICAL INFORMATION (Please check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemiplegia	Other: _____ _____ _____ _____ _____
<input type="checkbox"/> Allergies (List)	<input type="checkbox"/> Hemophilia	
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Learning Disabled	
<input type="checkbox"/> Autism	<input type="checkbox"/> Dyslexia	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Sickle Cell	
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Special Diet	
<input type="checkbox"/> Heart Condition		

Please indicate any problems (medical, behavioral or otherwise) of which we should be aware:

Last Name

First Name

Middle Name

Camp

MEDICATIONS: Please list all medications, dosages, and times it should be given.

**MEDICATIONS MUST BE IN ORIGINAL BOTTLES: PRESCRIPTION & OVER-THE-COUNTER*

Name of medication/dosage (mg) /# of pills ea. time/ times to be taken (8a, 12n, 3p, 6p, 8p etc.)

Has participant recently been hospitalized? Yes ___ No ___ If yes, please explain:

**Every effort will be made to notify parents or guardians immediately by telephone of illness, injury, accident, or behavioral problems. The Camp Director reserves the right to send participants home if illness or other significant reason so dictates. For security purposes, who has permission to pick up your child if you are unavailable?*

Name

Phone Number

Name

Phone Number

By signing this application, I authorize Zion Global Ministries- U-Talented Summer Fine Arts Camp to provide medications (including over the counter medicines) and services to my children while participating in the summer camps. I hereby release Zion Global Ministries- U-Talented Summer Fine Arts Camp from liabilities pertaining to my children's participation in the Zion Global Ministries - U-Talented Summer Fine Arts Camp.

Guardian Signature: _____ Date: _____

III. INSURANCE INFORMATION

Insurance Coverage for accidents or illnesses while participating in programs at Zion Global Ministries is the responsibility of the participant and/or their legal guardian.

Everyone must provide proof of insurance.

Please list your family health, accident, medical, or hospital insurance coverage.

CARRIER _____ POLICY OR GROUP NO. _____

MEDICARE NO. _____ MEDICAID NO. _____

Last Name

First Name

Middle Name

Camp

V. PERSONAL INFORMATION *Participants' T-SHIRT Size*

YOUTH	ADULT
<input type="checkbox"/> Small (4-6)	<input type="checkbox"/> Small
<input type="checkbox"/> Medium (10-12)	<input type="checkbox"/> Medium
<input type="checkbox"/> Large (14-16)	<input type="checkbox"/> Large

VI. RELEASE OF LIABILITY

Whereas, I am voluntarily allowing my child or ward to participate in the **Zion Global Ministries- U-Talented Summer Fine Arts Camp** listed above; I am doing so entirely upon my own risk and responsibility. I understand that my child's participation in such activities may involve risks, dangers known, and unknown to me.

Now, therefore, in consideration of privileges extended to me as a parent of a participate at **U-Talented Summer Fine Arts Camp**, I, for myself and my heirs, executors and administrators, do hereby remiss and forever release and forever discharge **Zion Global Ministries- U-Talented Summer Fine Arts Camp** and ALL of its officers, agents and employees, acting officially or otherwise, from all claims, demands, actions or causes during the above described program. It is the specific intent and purpose of the instrument to release and discharge any and all claims and causes of action of any nature whatsoever, whether know or unknown, and whether specifically mentioned or not, which may exist or might be claimed to exist at or subsequent to the date of this instrument. I specially waive any claim and right to assert that cause of action, alleged cause of action, claim or demand, has changed, through oversight or error, whether intentionally or unintentionally, omitted from this release.

By signing below, I am acknowledging that I have read and fully understand the forgoing release of liability agreement.

Signature of Parent or Guardian

Date

Witnessed in the presence of

Name

Date

-----FOR OFFICE USE ONLY-----

Date Received _____ Photo Enclosed Yes No
 Payment Enclosed: Yes No Amount: \$ _____ Copy of Insurance Card: Yes No
 Balance Due: \$ _____ Payment Method MO # _____ Receipt Number: _____
 Second Payment: _____ MO # _____ Receipt Number: _____
 Third Payment: _____ MO # _____ Receipt Number: _____
 1st Payment Processed By: _____
 2nd Payment Processed By: _____
 3rd Payment Processed By: _____