

Mail To:

aware:

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	Z	ip .
(Area code) Home Phone	Work Phone	Cell	E-mail	
Guardian's Name	Address	City	State	Zip
Day Phone Hor		one	Night/Cell Pt	none
Emergency Contact: (o [.] Relationship:	ther than above)	Phone(s)()	
How did you find out ab	·			
Asthma		Hemiplegia	Other:	
Allergies (Lis		Hemophilia		
Attention Deficit Disorder		Learning Disabled		
Autism		Dyslexia		
Diabetes		Seizure Disorder		
Head Injury		Sickle Cell		
Hearing Imp		Special Diet		
Heart Condition				

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

			<u>U-Talented Fine Arts Summer Camp</u>
Last Name	First Name	Middle Name	Camp
MEDICATIONS:	: Please list all medi	cations, dosages, and	d times it should be given.
*MEDICATIONS	MUST BE IN ORIGINAL	BOTTLES: PRESCRIPTION	I & OVER-THE-COUNTER
Name of medic	cation/dosage (mg) /	# of pills ea. time/ time	s to be taken (8a, 12n, 3p, 6p, 8p etc.)
Has participan	nt recently been hos	spitalized? Yes N	o If yes, please explain:
injury, accider participants ho	nt, or behavioral pro ome if illness or othe	bblems. The Camp Dir	ns immediately by telephone of illness, rector reserves the right to send o dictates. For security purposes, who ble?
Name			Phone Number
Name			Phone Number
Camp to provi children while U-Talented Sur in the Zion Glo	ide medications (in participating in the nmer Fine Arts Cam bal Ministries - U-Tal	cluding over the cou summer camps. I he np from liabilities perto ented Summer Fine A	tries- U-Talented Summer Fine Arts nter medicines) and services to my reby release Zion Global Ministries- aining to my children's participation arts Camp. Date:
Guardian sign	alule		Dale
III. INSURANCE	INFORMATION		
	•	rs or illnesses while par e participant and/or t	rticipating in programs at Zion Global heir legal guardian.
Everyone must	provide proof of in	surance.	

					l insurance	

CARRIER	POLICY OR GROUP NO
MEDICARE NO	MEDICAID NO

	Eiro	st Name	Mio	Idle Name		ented Fine A		
Last Name	ГІІЗ	si Name	MIG	idle Name		CC	amp	
IV. FINANCI	AL ASSIST	ANCE WOR	RKSHEET (Sk	tip this pag	e if you do	o not need	d assistance	e)
COST: \$130	per week							
If you meet and are aw appropriate	arded on	a case-by	/-case basi	is. Answers	•		•	
NAME OF H	EAD OF H	OUSEHOLD):					
Address				City		State	7	 Zip
Telephone	Number: _			Alte	rnate Num	nber:		
E-mail Addr	ess:							
Total Numb	er of Peop	ole in Hous	ehold:					
Total annuc This includes	al income (wages, ret	of all mem irement, ch	bers of you ild support,	ur househo social secu	old: \$ urity or uner	nployment	compensa	tion.
Total annuc	al income (wages, ret	of all mem irement, ch	bers of you ild support,	ur househo social secu	old: \$_ urity or uner camp? If y	nployment ves, please	compensate complete	tion. e.
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By signing below, you certify that this information is true and correct to be best of your

Date

knowledge.

Signature (Head of Household)

Last Name

First Name

Middle Name

Camp

V. PERSONAL INFORMATION Participants' T-SHIRT Size

YOUTH	ADULT
Small (4-6)	Small
Medium (10-12)	Medium
Large (14-16)	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>U-Talented Summer Fine Arts Camp</u>, I, for myself and my heirs, executors and administrators, do hereby remiss and forever release and forever discharge <u>Zion Global Ministries- U-Talented Summer Fine Arts Camp</u> 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	n Date
Witnessed in the presence of	
Name	 Date
	OR OFFICE USE ONLY
Payment Enclosed:Yes No Balance Due: \$ Payment N	Photo EnclosedYesNo Amount: \$ Copy of Insurance Card: Yes No Method MO # Receipt Number:
Third Payment: MO # _ 1st Payment Processed By:	
2nd Payment Processed By: 3rd Payment Processed By:	