



Imagine - Me Summer Camp

"Where Character and Self-Esteem Meet"

Girls Only

2019 Camp Registration Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____

Date of Birth _____

Age _____

Grade as of 08/2019 _____

Address _____ City _____ State _____ Zip Code _____

Phone number _____ E-mail _____

Emergency Contact _____ Emergency Contact Number _____

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CAMP INFORMATION

Compassionate Cafe, 6611 West Main Belleville IL 62223

Days offered: Monday, Wednesdays, and Fridays

Starts: June 3rd-August 2nd Monday, Wednesday, and Friday at 8am - 4pm

NOTE: WE WILL NOT HAVE ANY CAMP SESSIONS JULY 3rd & 5th

(The first T-shirt is FREE) T-Shirt Size: Small Medium Large X-Large How many t-shirts? _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____

Phone number _____ Work number _____ Cell number _____

COST

Cost: \$25.00 Non-refundable registration fee due with registration form for each girl attending.

Camp cost: \$50 per girl for the entire 9 week program

Additional Shirt \$10.00

Total Cost: \$75 per girl attending (please contact us regarding a scholarship if you have more than two (2) girls attending)

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp director.

Child's Doctor's Name: _____ Phone Number: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen? Yes No

May we serve your child food and beverages: Yes No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

Medications (including Inhalers): Yes No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

Is your child up-to-date on all state-required immunizations? Yes No

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name: _____ Group #: _____

Address _____ City _____ State _____ Zip Code _____

Name of Insured: _____ Relationship to participant: _____

AUTHORIZATION OF CONSENT

I/(We), the undersigned parent(s)/guardian(s) of _____ give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release the Imagine-Me Program, Project Compassion, NFP, its staff and employees, agents, management, and volunteers from any liability for any injury or illness incurred while participating in this camp. I acknowledge that all participation is done at my child's own risk, without liability of any kind on the part of Project Compassion, NFP and/or its collaborate partners. I understand that participation task may involve a risk of injury, and I hereby release, discharge, and hold harmless Project Compassion, NFP and/or Compassionate Resource Center, its employees, and its volunteers from any and all claims, causes of action, or demands of any nature or cause including costs and attorney's fees incurred by Project Compassion, NFP and/or Compassionate Resource Center in connection with the same. By signing this form I acknowledge that Project Compassion, NFP and/or Compassionate Resource Center are not responsible for damages or injuries which may be incurred or sustained during this program.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

Signature of Parent/Guardian of Minor

Date

Participant's name

PLEASE COMPLETE THE REVERSE SIDE OF THE FORM

Registration can be completed online by clicking submit and/or mail to Project Compassion, NFP 6609 West Main, Belleville or P.O. Box 1002, O'Fallon, IL 62269. FAILURE TO INCLUDE REGISTRATION FEE WILL DELAY YOUR CHILD'S PARTICIPATION IN THE PROGRAM. Please make checks/money order payable to Project Compassion, NFP include "Imagine- Me Registration" in the memo line. For questions please call 618-397-1790 and/or email compassion@projectcompassionnfp.org