

IYC Summer Camp June 26– June 29, 2009

REGISTRATION INFORMATION

Registration will begin at 10:00 a.m., June 26th, 2009. The registration fee includes access to the camp, special events, accommodations and meals. Each student / group must be accompanied by at least one responsible adult who is registered and staying at Drake during the camp. Each registration must include a signed parental release and a completed health form. No registrations will be accepted without these forms. Refund requests will be accepted in writing only within 21 days of your paid balance. If your refund request is received after this time, your registration will be cancelled and you will not receive a refund. The deposit is non-refundable. Registrations are transferable for ten dollars.

To avoid delays please print clearly in blue or black ink, completing all information. Use this form for one student or leader only. Copy form as needed. If you have any questions please call 515.243.2852 ~www.iowayouth.org~

Name _____ Birth Date _____

Age _____ Last Grade Completed _____ M _____ F _____ T-shirt Size _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian's Name _____

Phone Daytime _____ Evening _____

Church _____ Phone _____

Youth Pastor/Director _____

Address _____

City _____ State _____ Zip _____

Emergency Person _____ Phone _____

Physician's Name _____ Phone _____

Insurance Co. Name _____ Policy # _____

Roommates Preferred (name):

1st _____ 2nd _____ 3rd _____

Is this your first IYC Event? Yes No

I am a: Leader Youth

**Include a minimum of \$35.00 non-refundable deposit,
All Balances are due by June 8th, 2009.**

All Registrations \$200 Amount Enclosed \$ _____

HEALTH INFORMATION

This is to be filled in by parents/guardians of minor or by adult camper/leader them self. (Check all that apply)

Medications

If needed, Tylenol will be given for pain and fever. Is this okay? Yes No
* Please send all medications in original prescription bottle with camper's name on it and instructions in a zip lock bag.

Current Medications (Send with instructions*): _____

Reason for taking above medication: _____

Has this camper ever required psychiatric counseling or hospitalization? Yes No

If yes, explain: _____

Operations or serious injuries (dates): _____

Disability of chronic/reoccurring illness: _____

Dietary Modifications: _____

Activities encouraged or limited by physician: _____

Other diseases or details of above: _____

Suggestions of health related information for camp personnel: _____

Are there any activities camper should be restricted? _____

Allergies

N/A Asthma

Lactose Intolerant

Allergic to Red Dye

Any Allergies (food, animals, insects, etc.) _____

Immunizations

Tetanus Mumps

Measles Chicken Pox

Limitations

Physical or Mental Limitations: _____

Psychiatric _____

Medication Allergies

N/A Amoxicillin

Sulfa Ceclor

Penicillin

Other: _____

Liability Release

In consideration for being accepted by _____ (parent or legal guardian's name) for participation in IYC's Summer Camp, we (I), being 21 years of age or older, do for our-selves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Iowa Youth Connection, their leaders, and/or Drake University, therefore 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 above-described trip or activity.

Furthermore, we (I) and on behalf of our (my) child-participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, it's directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation or emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Signature of Parent or Legal Guardian _____ Date _____

IYC reserves the right to dismiss anyone whose conduct becomes in any way detrimental to the interest of the conference. No refunds will be given in these cases and we are not responsible for expenses that may be incurred.

Mail this form with your check or money order to:

IYC, 3114 SW 61st street, Des Moines, IA 50321