



# CRIKET After-School Program Registration Form

Program is available to all, regardless of race, color, religion, national origin, sex, age, or handicap.

Please complete this registration form along with the Health Forms.  
A registration form needs to be filled out for each participant.

Student's Last Name | Student's First Name | Middle Initial

Street Address

City | State | Zip Code

Home / Cell Phone | Work Phone | E-Mail

/ / | |  Male  Female  
Birth Date | Age | Grade | Gender

Parent / Guardian Name | Relationship

**Please list two names of persons who have permission to pick-up your child.**

1) | 2)

**Parent's Consent & Medical Release.** My signature below indicates the above name CRIKET Camp/Attendee has permission to engage and participate in all camp activities both on and off the campgrounds under supervision, unless limitations are noted on the signed Health Form. I agree that the camp or camp personnel will not be help responsible for accidents arising there from. I recognize and acknowledge that camping activity can involve certain hazards, including, but not limited to, illness, injury and accidents, and release The Northern Illinois Conference from liability.

- Standard medical treatment according to **Camp Health Policies and American Red Cross Standards** • Emergency medical treatment in the case that I cannot be contacted, including ordering of x-rays or routine tests. • If parent/guardian cannot be reached in an emergency, permission to use physician selected by the camp and to secure adminisiter treatment including hospitalization, including injection, anesthesia, and/or surgery • Administrating physician prescribed medications • Release of information for insurance purposes • Transportation for scheduled off-site events • Photocopying of health history forms for scheduled off-site events • Photos, video and voice to be used in future promotional materials.

**Signature** Signature of Parent / Guardian Required