



# H·Y·P·E

## Registration Packet

### PARTICIPANT INFORMATION

Child's Name \_\_\_\_\_ School/Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How will your child get home each day? \_\_\_\_\_

### PRIMARY/EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Custody  Mother  Father  Grandparent  Other \_\_\_\_\_

Can we add you to our text alert list to update you on upcoming events?  Yes  No

### OTHER PERSONS AUTHORIZED TO PICK UP CHILD

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### REGISTRATION AGREEMENT (INITIAL EACH)

\_\_\_\_\_  
PHOTOGRAPHY: I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of Curry County Youth Services promotional use.

\_\_\_\_\_  
CODE OF CONDUCT: I have received and read a copy of the CCYS H·Y·P·E Code of Conduct.

\_\_\_\_\_  
TRANSPORTATION: I give consent for my child to be transported by Curry County Youth Services for field trips or emergency care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## 2020 CCYS H·Y·P·E MEDICAL FORM

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

Does your child have any allergies to food, medications, or insect bites? If so, what are the allergies and what are the treatments for them?

Will this treatment be left in the CCYS First-Aid box?  Yes  No

Does CCYS staff have permission to administer treatment if an allergic reaction occurs?  Yes  No

Is your child currently taking any medications?  Yes  No

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Times to Administer: \_\_\_\_\_

Instructions to administer medication: \_\_\_\_\_

\*Any medicine that needs to be administered must be in original packaging and given to CCYS staff prior to camp attendance.

Medical History: (Please include any information that would affect diagnosis or treatment.) \_\_\_\_\_

Does your child have any special needs?  Yes  No

If so, what are they? \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

***In the event that I am unavailable to answer for my child, I hereby give permission to Curry County Youth Services staff to seek emergency medical treatment for my child.***

### CURRY COUNTY RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Curry County will not assume responsibility for any injury incurred while participating in athletic events, childcare programs, parent/child event and outings, special events, sports programs, or any related CCYS sponsored activity.

Certain risks of injury are inherent during participation in these programs and events. Nor will the Curry County be responsible for any lost or stolen items during CCYS H·Y·P·E Spring 2020. I, the undersigned for myself and my heirs, do hereby release Curry County and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation. This includes any injury caused by negligence, if any, of Curry County, its officer's employees, agents, volunteers, or the negligence of anyone else.

*The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## SPRING BREAK *H·Y·P·E* - RULES OF CONDUCT

*These rules apply to all participants, volunteers, visitors and staff. The most important thing regarding dress, language, and behavior is to show respect for everyone at all times. Be courteous and respectful to all participants and each other. Be alert and attentive to all visitors and guests.*

*My initials below show that I have read, understand, and I agree to obey all of the rules.*

### **GENERAL GUIDELINES:**

I understand that I may be terminated from the program, at any time, for violation of the Teen Court

Rules of Conduct.

Notify a staff member or a team leader of ANY and ALL issues or problems.

No alcohol, drugs, tobacco products or smoking is allowed on site.

No weapons on site.

You must arrive on time between 9:00 a.m. – 9:30 a.m.

There is ZERO tolerance for disrespectful behavior. You will be respectful of camp personnel and participants, its location and property.

No foul language is allowed.

You may not engage in violent, profane or unreasonably loud or otherwise disorderly conduct that tends to disrupt *H·Y·P·E*.

You must sign-in and sign-out each day.

You will not leave the site after signing-in. You must remain at *H·Y·P·E* for the entire day.

### **DRESS:**

Wear comfortable athletic shoes for activities. Do not wear tank tops, bare midriffs, short shorts, or clothing with slogans, logos, or inappropriate pictures, etc.