



New Direction Youth Academy
@
Reading/Lockland Presbytery Church

2018 Summer Food & Education Enrichment Program

JUNE 4th through AUGUST 3rd
Monday-Friday
8:00am-1:00pm

Register Now
FREE OF CHARGE

Breakfast
Lunch
Education Enrichment
Field Trips
FUN Activities

Call Mr. Ty @ (513) 628-7835 for details

**Whole Again Summer Food & Enrichment Program
Registration Form**

Site Name: New Direction Youth Academy @ RLPC

Dates and Times: June 4 – August 3, 2018 / 8am-1:00pm

Please complete and sign the attached three forms to confirm your permission for your child to participate in the summer food & enrichment program, which will include field trips, and having their picture taken during the program. By signing the photo release form you hereby agree that pictures taken may be used for promotional purposes.

PLEASE COMPLETE AND PRINT CLEARLY WITH BLACK OR BLUE INK

NAME: _____ | |
(Child #1) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: ___/___/___ SEX: FEMALE ___ MALE ___ AGE: ___
Grade as of September 2017 _____ School _____

NAME: _____ | |
(Child #2) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: ___/___/___ SEX: FEMALE ___ MALE ___ AGE: ___
Grade as of September 2017 _____ School _____

NAME: _____ | |
(Child #3) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: ___/___/___ SEX: FEMALE ___ MALE ___ AGE: ___
Grade as of September 2017 _____ School _____

NAME: _____ | |
(Child #4) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: ___/___/___ SEX: FEMALE ___ MALE ___ AGE: ___
Grade as of September 2017 _____ School _____

NAME: _____ | |
(Child #5) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: ___/___/___ SEX: FEMALE ___ MALE ___ AGE: ___
Grade as of September 2017 _____ School _____

NAME: _____ | |
(Child #6) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: ___/___/___ SEX: FEMALE ___ MALE ___ AGE: ___
Grade as of September 2017 _____ School _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ EMAIL: _____

PARENT'S/GUARDIAN'S NAME: _____
(Please print)

PARENT'S/GUARDIAN'S SIGNATURE: _____

PHONE# :() _____

CELL PHONE# :() _____

I HEREBY WARRANT THAT I AM OF LEGAL AGE AND/OR I AM THE PARENT, LEGAL CUSTODIAN OR LEGAL GUARDIAN OF THE PARTICIPANT. I FULLY UNDERSTAND THAT I MUST PICK THE PARTICIPANT UP BY 5:00 PM UNLESS SOME OTHER ARRANGEMENT HAS BEEN MADE IN ADVANCE. I FURTHER UNDERSTAND THAT IF I AM LATE AND NO FURTHER ARRANGEMENT HAS BEEN MADE THAT I WILL BE CHARGED A LATE FEE OF \$5.00 FOR EVERY FIFTEEN MINUTES THAT I AM LATE.

PARENT(S)/GUARDIAN SIGNATURE: _____ DATE ____ / ____ / ____

REGISTRATION FORM, A MEDICAL AUTHORIZATION, ATTENDANCE/TEST SCORE AND PHOTO RELEASE MUST BE COMPLETED FOR EACH PERSON IN THE PROGRAM.

ALL FORMS MUST BE TURNED IN TO YOUR SITE MANAGER ON OR BEFORE THE FIRST DAY THE SITE OPENS.

I authorize my child/children to participate in the Moral/Life Lessons, based on The Holy Bible, offered by _____ (Organization Name)
Initial of Parent or Guardian _____

MEDICAL EMERGENCY FORM FOR EACH PARTICIPANT

NAME: _____
(FIRST NAME) (MI) (LAST NAME)

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE (____) _____ PARENT'S NAME _____

DATE OF BIRTH: ____/____/____ SEX: FEMALE _____ MALE _____ AGE _____

MEDICAL INSURANCE: _____ PLAN NO. _____

FAMILY DOCTOR: _____ PHONE NO :(____) _____

DENTIST: _____ PHONE NO :(____) _____

IS PARTICIPANT ALLERGIC TO ANY FOODS OR MEDICINES? YES ___ NO ___ IF YES PLEASE LIST:

IS PARTICIPANT PRESENTLY TAKING ANY MEDICATIONS? YES ___ NO ___ IF YES PLEASE LIST:

PLEASE CHECK IF PARTICIPANT HAS OR HAD ANY OF THESE CONDITIONS:

- | | | | |
|---------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> HEART ATTACK | <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> STROKE |
| <input type="checkbox"/> POSITIVE HIV | <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> SEIZURES |
| <input type="checkbox"/> ADD/AHD | <input type="checkbox"/> OTHER MENTAL DIAGNOSIS | | |

OTHER _____

EMERGENCY NOTIFICATION

IN CASE OF ILLNESS, NOTIFY: (PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK)

NAME _____ RELATIONSHIP _____

PHONE (____) _____ CELL/PAGER PHONE (____) _____

NAME _____ REALTIONSHIP _____

PHONE (____) _____ CELL/PAGER PHONE (____) _____

(Continue on the next page)
MEDICAL EMERGENCY FORM CONTINUE

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: TO AUTHORIZE EMERGENCY TREATMENT IF YOUR CHILD IS INJURED OR BECOMES ILL AND REQUIRES MEDICAL TREATMENT. THIS AUTHORIZATION DOES NOT GRANT PERMISSION FOR NON-EMERGENT SURGERY.

I HEREBY GIVE MY PERMISSION TO WHOLE AGAIN OR (SITE NAME) _____ TO TRANSPORT MY CHILD TO ANY HOSPITAL/MEDICAL FACILITY THAT THE PROGRAM ADMINISTRATOR DEEMS REASONABLY ACCESSIBLE. THE PROGRAM STAFF WILL IMMEDIATELY ATTEMPT TO NOTIFY THE PARENT/CUSTODIAN/GUARDIAN OF THE PARTICIPANT'S TRANSPORT TO A MEDICAL FACILITY. I HEREBY AUTHORIZE AND CONSENT TO ANY X-RAY, EXAMINATION, ROUTINE TESTS, TREATMENT AND HOSPITALIZATION WHICH MAY BE DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST. IT IS UNDERSTOOD THAT EVERY EFFORT SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO TREATMENT OF THE PARTICIPANT, BUT IF THE UNDERSIGNED CAN NOT BE REACHED, IT IS UNDERSTOOD THAT TREATMENT WILL NOT BE WITHHELD. THE UNDERSIGNED AGREES NOT TO HOLD WHOLE AGAIN, (SITE NAME) _____ AND THEIR EMPLOYEES, AGENTS, PRINCIPALS, OFFICERS, DIRECTORS, SUCCESSORS, DESIGNEES OR ASSIGNS LIABLE FOR ANY INJURY WHICH MAY OCCUR FROM THE EVALUATION AND TREATMENT OF THE PARTICIPANT AND FOR THE EXERCISE OF AUTHORITY AS GRANTED TO THE ABOVE IN THIS MEDICAL RELEASE.

THE UNDERSIGNED AGREES TO REIMBURSE WHOLE AGAIN OR (SITE NAME) _____ FOR THE COSTS OF ANY AND ALL MEDICAL EXPENSES INCURRED BY THOSE ENTITIES FOR THE CARE AND TREATMENT OF THE PARTICIPANT. THE UNDERSIGNED AGREES TO RELEASE ANY RECORDS NECESSARY FOR THE PURPOSE OF PROCESSING MEDICAL/DENTAL INSURANCE CLAIMS.

THIS RELEASE SHALL REMAIN EFFECTIVE FOR THE DURATION OF **2018 PROGRAM YEAR.**

PARENT'S/GUARDIAN'S SIGNATURE:

DATE ____ / ____ / ____

THIS FORM MUST BE COMPLETED FOR ALL PARTICIPANTS IN THE PROGRAM

**Consent to Use Photo/Film/Videotape/Voice Reproduction/Verbal
Quote/Attendance/Academic Performance/Activities**

I hereby grant to Whole Again, or any of its agents, the right and permission, in respect of the photographs, video, program participation records and academic performance which Whole Again or its agents have acquired from me or my children, or in which I/we may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name, my children's names, and any statement made by me or my children, in connection therewith if Whole Again or any of its agents so chooses. I hereby require that Whole Again, and it agents, keep my child's personal information, and academic performance, confidential and secure.

I have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a Legally Binding Agreement, which I have read and understand.

Parent/Custodian/Legal Guardian's Signature: _____

Printed Name of Participant: _____

Date: _____

Whole Again Site Manager: _____

Date: _____

New Direction Youth Academy

Lice Policy

NDYA is committed to minimizing the likelihood of transmitting head lice at camp. We know that guarantees are impossible since lice can and do arise anywhere, even in the most privileged communities, but we are determined to do the best we can. We have therefore adopted a **no nit policy**. Children with any evidence of lice, including nits (egg casings) alone, will not be able to participate in the camp program until effectively treated.

Without a microscope, there is no reliable way to determine if nits are viable or not. NDYA is not in a position to take chances (or to conduct microscopic screenings). With our sympathies to those children and families who will inevitably be inconvenienced, we have concluded that the no nit approach is the wisest one for the camp environment.

Signature: _____

Date: _____

