



2018 Extreme Youth Leadership Camp – Registration Form

I will be attending EYL Camp as:

Adult Sponsor Youth Camper

July 23 – 26, 2018 Schreiner University, Kerrville, Texas

Registration DUE: June 22, 2018 Registration Fee: 350.00 (\$400 after June 22, 2018)

Payment must be received in full by June 22, 2018 and is NOT needed to register

Please submit this completed form via email to director@extremeyouthleadership.org OR by mail to: EYL – 4931 Boyd Blvd, Ste. B – Rowlett, TX 75088 (NO FAX)

Instructions:

Please use one form per registrant and fill out form completely. Please TYPE or PRINT clearly. Adult sponsors are responsible for emailing or mailing all completed Adult Sponsor and Youth Camper Forms (Individual Youth Campers may submit their own Registration) , and all Liability and Medical Release Forms with Parent/Guardian signatures are submitted to EYL by the registration due date. (see above for date for camp you chose)

School/Organization

(This is how you or your group will be identified. The organization should be the same on each of your group's registration forms.)

Full Name: Age: Birth Date: Gender: M / F

Address: City: State: Zip:

Email Address: (Mandatory for Sponsors, Main form of communication) Phone:

Roommate Preference (Request is not guaranteed): This is my first time to attend EYL Camp: Yes No

T-shirt Size: (pick one) (circle one) S M L XL XXL Other: Grade level entering next school year (students only):

Ethnic Background: (circle one) African American / Asian / Caucasian / Hispanic / Native American / Other:

Do you use Social Media? (check all that apply) Facebook: Twitter: Instagram: SnapChat: Other:

Parent/Guardian Name: Email: Phone:

Two Emergency Contact Persons (PLEASE make sure one is someone other than parent/guardian):

Name: Relationship: Phone:

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I understand that:

- a. I must stay on site the entire time EYL Camp is in session, and
b. I will participate in all EYL Camp activities, and
c. I release Extreme Youth Leadership and/or any Partners, Partner Agencies to use photographs, video, audio and/or ideas obtained from me during EYL Camp.

Liability and Medical Release Form

In consideration for being accepted by Extreme Youth Leadership for participation at the 2018 Extreme Youth Leadership Camp, we (I) being 21 years of age or older, do for ourselves (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 Extreme Youth Leadership, Schreiner University (SU), and the directors there of 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 the above named camp. Furthermore, we (I) (and on the behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and all activities involved there. Furthermore, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging to this participant. The undersigned further agree to hold harmless and indemnify said organization, its directors, employees, volunteers and agents, from any liability sustained by said organization as the result of negligent, willful or intentional act of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years): We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activities, evaluation and assessment of camp experience including demographics and personal information and hereby given our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

We (I), understand the onsite camp medical staff and/or the adult sponsor may administer the required medication to my child.

Do you have Medical Insurance? YES NO

IF YES, PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

Insurance Company:

Policy #

Physician Name:

Physician Phone:

Will participant be taking any medication? YES NO

If YES, please specify:

Any allergies (food, medical, etc.)? YES NO

If YES, please specify:

Parent's Printed Name (If participant under 21 years of age)
Parent's Signature and Date (If participant under 21 years of age)
Participant's Signature and Date

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