



Odessa Crisis Center Wonder Girls Camp – Camp Registration Form

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact the Odessa Crisis Center. Sign all applicable pages & bring to the Odessa Crisis Center branch to complete registration. (or email completed forms to ROXI@ODESSACRISISCENTER.ORG)

Child Information

Name (First and Last): _____

Address: _____

Cellphone #: _____

Home phone #: _____

School: _____

Grade Entering: _____

Age: _____

Date of Birth (month/date/year): _____

Sex: _____

Parent/Guardian and Medical Information

Name: _____

Street Address: _____

City, ST ZIP Code: _____

Home Phone: _____

Work Phone: _____

Date of Birth: _____

Place of Employment: _____

Work Phone: _____

Physician Information:

Physician Name: _____

Telephone Number: _____



Emergency names, address and phone number of TWO people to be called in the event that we cannot reach either parent/guardian:

1.

Name: _____

Street Address: _____

City, ST ZIP Code: _____

Home Phone: _____

Work Phone: _____

Relationship: _____

2.

Name: _____

Street Address: _____

City, ST ZIP Code: _____

Home Phone: _____

Work Phone: _____

Relationship: _____

Additional Information:

Authorized Person for pick-up (in addition to parents and emergency contacts)

Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent)

Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.

Allergies (If Applicable)

To Food: _____

To Medication: _____

To Environment: _____



Other Allergies: _____

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

I understand that my child will not be released to any person(s) not listed on the enrollment form.

I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.

I understand that I am not to leave my child at the program site unless a Wonder Girls Camp staff member or volunteer is there to receive and supervise my child.

I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon.

Sign-in/Sign-out sheets are available as you arrive at the program area.

I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorized by telephone will not be accepted.**

I understand that the Crisis Center and The University of Texas of the Permian Basin are mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that the Crisis Center staff and volunteers are not allowed to babysit, or transport children at any time outside the program facilities. **If violation of this policy is discovered, the Crisis Center will take immediate disciplinary action toward staff and volunteers.**

I have read and understand the statements above regarding the Crisis Center policies and procedures.

Parent/Guardian Signature

Date

Statement of Authorization

1. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.



2. In the case that your camper or anyone in the immediate household of the camper develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility

of the parent to notify the Crisis Center within 24 hours or the next business day in order for the Crisis Center to take proper action, except in the case of life-threatening diseases which must be reported immediately.

3. My signature authorizes the management and staff of the Crisis Center to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the Crisis Center Wonders Girls camp staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Crisis Center and The University of Texas of the Permian Basin from any and all liability and/or financial responsibility for any medical expenses incurred.

4. The parent/guardian authorizes the application of sunscreen for his or her child by the Crisis Center staff. (please note any adverse reaction to sunscreen of which you may be aware) Brand?

5. The parent/guardian authorizes the application of insect repellent for his or her child by the Crisis Center staff. (please note any adverse reaction to sunscreen of which you may be aware) Brand?

By signing you authorizer all the above

Parent/Guardian:

Date:

Kids for Character Pledge

I will be worthy of trust.

I will be respectful and responsible, doing what I must.

I will show that I care for those around me.

I will always do my share.



I will believe in myself.

Campers Signature:

Date:

Behavior Agreement

At the Crisis Center we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at the Crisis Center! Thank you!

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. Shut up, stupid, Dumb, etc.)
- Before leaving the room, I will ask staff member for permission.
- I will respect other's feelings by having a positive attitude when talking when talking to them and not talking to others.

Not abiding by these rules can result in suspension from the program. All incidents will be handles on a 3 incident system, except **hitting/fighting**. **Hitting/fighting** will be as immediate 1-day suspension from the program. All other incidents will be handled as follows:

1st Incident: Verbal Warning

2nd Incident Written Warning/Parent Meeting

3rd Incident: 1- Day Suspension

At the camp director's discretion, campers that receive 3 written warnings during a session may be asked to leave the program for the remainder of the session.

Parent/Guardian Signature:

Date:



Camper's Signature:

Date:

Payment Options

Option 1: Pay camp fees in full at the time of registration

Option 2: Pay a deposit and then pay full amount day of camp

Please select the method of payment:

Cash Check Credit Card Pay Online

Total Deposit Amount: \$ _____

Please Complete Payment Authorization Below

(Please Check Method of Payment)

Credit Card Authorization

I authorize the Crisis Center to charge my credit card for camp payments. I understand that I must provide written notice of cancellation. If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the Crisis Center administration office where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Name as it appears on card

Card Issuer

Credit Card Number

Exp. Date

Signature of Card Holder

Billing Address of Cardholder:

City: _____

State: _____

Zip: _____

Bank Draft Authorization

I authorize my bank to honor pre-authorized drafts drawn by the Crisis Center on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written



notice to the Crisis Center two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. If at any time

there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the Crisis Center Administration Office where camp was purchased two weeks prior to the date of my draft in order to discontinue the debit. A voided check is required with all electronic funds transfer (EFT) applications.

Name of Bank	Account Number	Transition/Routing Number
Please Print Name	Signature of Acct. Holder	Date:



ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Wonder Girls Camp, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, classes, the use of any equipment, exercise, or other activities from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the Crisis Center, in collaboration with The University of Texas of the Permian Basin, and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the Crisis Center and The University of Texas of the Permian Basin. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the Wonder Girls Camp and/or sponsored by the Crisis Center and The University of Texas of the Permian Basin.

I also acknowledge that the Crisis Center and The University of Texas of the Permian Basin often use photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the Crisis Center and The University of Texas of the Permian Basin allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the Wonder Girls Camp and/or sponsored by the Crisis Center and The University of Texas of the Permian Basin, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Crisis Center and The University of Texas of the Permian Basin, their employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my



attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the Crisis Center and The University of Texas of the Permian Basin, and its employees, agents, or representatives or from some other cause. My agreement to release the Crisis Center does not include any loss, damage or injury that result from the Crisis Center and The University of Texas of the Permian Basin gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Crisis Center and The University of Texas of the Permian Basin, and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the Crisis enter and The University of Texas of the Permian Basin that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the Crisis Center and The University of Texas of the Permian Basin arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the Crisis Center and The University of Texas of the Permian Basin from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the Crisis Center and The University of Texas of the Permian Basin or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian
of Participant(s) under the Age of 18

Date:



Name(s) and Age(s) of Participant(s) under the Age of 18, If Any,

Medical Information Card

Camper Information

Volunteer Name: _____ Sex: F M
Address _____ City _____
State _____ Zip _____
Date of Birth _____ Age at camp _____

Parent Information

Parent/Legal Guardian: (both names please)

Home Phone Number _____
Work Phone Number _____
Parent 1 Cell _____
Parent 2 Cell _____
Emergency Contact (name): _____
Relation to volunteer _____ Phone Number _____
Address _____
Family Physician (name) _____



Dr.'s Office Phone _____

Family Dentist/Orthodontist _____

Dr.'s Office Phone _____

Insurance Information

If so, indicate carrier or plan name _____ Group # _____

Policy Holder's Name _____

Date of Birth _____

***Please attach a photocopy of the front and back of health insurance card. Be advised that the Odessa Crisis Center does not provide medical, accident, or illness insurance coverage.