



CAMP CREATE U!
2018
July 23rd thru July 27th



REGISTRATION FORM

Shirt Size (please circle): children's sm, med, lg, xl or adult sm, med, lg, xl

COMPLETE & FAX TO 317.396.0687 OR EMAIL TO KHARTMAN@INSIGHTSONLINE.NET

Or mail to... Kelly Hartman, 7830 Johnson Rd. Indianapolis, IN 46250

Please print clearly. (One form per child)

Child's Name: _____

Childs' DOB: _____ Grade: _____ School: _____

Parent/Guardian Name (s): _____

Address: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

In the event of an emergency, whom do we contact if you cannot be reached?

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Who may pick up this child at the end of each day?

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

*Written notice is required for your child to leave with persons other than ones designated above.

Registration Fee: \$200.00 Make checks payable to: *Outside the Box!*

Paid: \$____.00

Method of Payment (please circle): CASH CHECK # _____

WAIVER (25 hours FHG 4:1) Case Mgr Name& Email _____

(Waiver only) Last 4 of camper's social security # _____

Please contact me for credit card payment Please consider my child for potential scholarship funds if available

My signature below indicates that I have read and understand fully the information contained herein and agree to comply with the same. I understand and hereby knowingly, freely, and voluntarily waive any right or cause of action against, Outside the Box, Inc. & Studio OTB, its officers, agents, and/or employees arising out of any claim whatsoever as a result of any injuries to body, life, limb, or property arising from participation in the hereinafter described activity. The undersigned shall hold harmless, Outside the Box, Inc. & Studio OTB, against all judgments, orders, decrees, attorney's fees, costs, expenses, and liabilities arising from or out of such a claim, investigation, or defense thereof which may be entered, incurred, or assessed as a result of the foregoing.

1. I hereby give permission for my child, _____, to participate in this program, Camp Create U!.
2. Appropriate behavior and respect for staff, property, and other children must be demonstrated by participants at all times. Failure to behave appropriately will result in dismissal from the program.
3. Your signature also gives Outside the Box, Inc. & StudioOTB approval to use photos of your children in promotional brochures, news articles, or other literature published by Outside the Box, Inc. & StudioOTB.

Parent/Guardian: _____ Date: _____

If medication needs or may need to be administered to your child during camp hours please indicate below.

Name of Medication	Dosage	Time to be given
<hr/>		
<hr/>		
Allergies: _____		
<hr/>		
<hr/>		
<hr/>		

Please list any needs or special instructions in the:

Dietary/food preferences: _____

Mobility/ambulation: _____

Toileting/personal hygiene: _____

Communication: _____

Other Challenges: _____

Will your child have individualized supports accompanying them? (nurse, PA staff, waiver 1:1, ABA therapist) _____

By signing below I give my consent for the staff and/or volunteers to administer the above indicated medication and dosage per my instruction.

Parent/Guardian: _____ Date: _____

Camp Create U! will have Coppertone Sunscreen Lotion, SPF30 and Cutter ® Advanced Insect repellent available for campers during outdoor activities. If your child requires a certain product please send it with him or her daily.

Parent/Guardian: _____ Date: _____

Please indicate any other information we may need to know about your child:

Parent/Guardian: _____ Date: _____