



Lake Youth Foundation Youth Educational Series (YES!) Registration Form



Participant's Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Lot/Section Number: _____ / _____

Home Phone: _____ E-Mail Address: _____

DOB: _____ Grade Level: _____ Male _____ Female _____

Mini-Drama Camp (Ages 8 – 17) Monday, January 16, 2012

9:00am – 3:30pm in the LOW Community Center

2:45pm Performance for Parents/Grandparents/Guardians

Students should bring a bag lunch and drink. Refrigeration is provided.

Please contact Marion at 972-0808 if you have any questions or are interested in volunteering your time to help out at camp.

Emergency contact phone number to be used the day of camp (540)229-6680

A fee of \$25.00 (made payable to Lake Youth Foundation) is due with your registration form by **January 9, 2012**.

Please register early so the instructor can prepare efficiently for this camp.

Mail form to: Marion Pronk, 411 Wakefield Drive, Locust Grove, VA 22508

Or drop the form off at the front desk in the Holcomb building.

Release: In consideration of my child's participation in the Lake Youth Foundation YES! programs, I hereby release and waive any and all rights and claims for damages I or my child have against the Lake Youth Foundation, LOW Players, Lake of the Woods Association, or any other activity providers, its representatives, successors, and assign all risks and hazards incidental to such participation. Lake Youth Foundation personnel will make every reasonable attempt to contact me and/or my emergency contact person in the event of an emergency. I understand that an updated Emergency Medical Release Form must be completed if there are any changes to my child's health information or emergency contact persons.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Participant's Agreement: I agree to be on my best behavior at all times. I will listen to all instructors, teachers, and administrators when they make a request of me.

Participant's Name (PRINT): _____

Participant's Signature: _____ Date: _____

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ELITE
SUZANNE BRADY
MANAGING BROKER



Lake Youth Foundation
Youth Educational Series (YES!)

Emergency Medical Release Form
PLEASE PRINT ALL INFORMATION

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Daytime Phone (in the event of an emergency): _____

Emergency Contacts: Persons to be contacted in an emergency situation when parents or guardian cannot be reached. *At least one person must be local and readily accessible for your child.*

Contact #1

Name: _____ Daytime Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact #2

Name: _____ Daytime Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Child's Health Information:

Allergies: _____

Special Medical Conditions: _____

Medications currently taking: _____

Additional action to be taken in an emergency: _____

If your child becomes sick or injured while attending LYF activities, the parents, guardians, or emergency contact persons, once notified, will immediately arrange for the child to be picked up from the program. However, in the case the parents or other authorized persons cannot be reached, we hereby give permission for Lake Youth Foundation, LOW Players, Lake of the Woods Association, and/or staff from other LOW organizations to obtain treatment for my child by qualified personnel and if circumstances warrant, to allow transportation of the child to a hospital.

Signature: _____ Date: _____

Relationship to Child: _____