

**OKCIC Youth Wellness Programs  
After School/Summer Programs**

**2010 Membership Form—All information is confidential**

**OKCIC Youth Wellness Program Member/Participant Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender Male/Female Home Phone (\_\_\_\_) \_\_\_\_\_

Current School \_\_\_\_\_ 2009-2010 School Grade \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Chart Number \_\_\_\_\_ Participant T-shirt size: *Youth:* M L *Adult:* S M L XL 2XL

**PARENT/GUARDIAN INFORMATION**

Relationship \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Home # \_\_\_\_\_

Relationship \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Home # \_\_\_\_\_

**EMERGENCY CONTACT**

Relationship \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Home # \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Hospital/Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Does family have health insurance? **Y/N**

(is yes, complete this section) Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Please list any health problem, medications, and/or food allergies your child has:

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**Please attach copy of shot record.**

**DISCLAIMER**

**I GRANT PERMISSION FOR:**

The child listed on this form to become a participant of the OKCIC Youth Wellness Program. If necessary, the OKCIC Program and/or employees may administer first aid or emergency procedures to my child, which may include admission to a hospital. (Please Initial) \_\_\_\_\_

**I UNDERSTAND THAT:**

Parents/Guardians are responsible for dropping off and/or picking up their child promptly, according to the hours of operation. Neither the OKCIC Youth Wellness Program nor OKCIC is responsible for loss, damage or theft of personal property. (Please Initial) \_\_\_\_\_

**ADDITIONAL INFORMATION**

My child has permission to be photographed for publicity and marketing materials

Y/N

My child may participate in all program activities in or around the facilities

Y/N

**Oklahoma City Indian Clinic  
Summer Camp Programs  
4913 W Reno, Oklahoma City OK 73127  
(405) 948-4900 ext 160**

Any person attending the OKCIC Camp Programs must sign an informed consent. Please bring the form with you and give it to the Program Director.

Whereas, the undersigned (the “applicant”) wishes to accept for participation in the Youth Fitness Program (the course) to be organized and conducted by:

Oklahoma City Indian Clinic

\_\_\_\_\_ Date

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**RELEASE OF LIABILITY**

I understand that there may be risks of physical harm, foreseen or unforeseen, associated with participation in the activities included in the OKCIC Summer Camp Programs and that cannot be excluded without destroying the unique character of the program. These inherent risks include exposure to the hazards of travel and dangers of serious personal injury and property damage. I nevertheless want my child to participate in the program and I hereby voluntarily and freely assume all risks associated with that participation. In consideration for my child being allowed to participate in the OKCIC Youth Summer Camp Programs, the undersigned individuals waive all liability for any damages the participant or the undersigned may suffer and release and agree to hold harmless the Board of Directors, the staff, the funders, OKCIC, and community organizations, from any costs or liability of damages arising from any injury, loss, accidents, delay or irregularity related to the participant’s planned participation or involvement in the following project.

**OKCIC Camp Programs**

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had or will have. This release is binding on the undersigned, his/her heirs, representatives and assignees.

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Date: \_\_\_\_\_

Applicant (print): \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_