



**REGISTRATION FORM**

ONEIDA FAMILY FITNESS, ADVENTURE, ONEIDA NATION ARTS PROGRAM, CEC

Please contact the Recreation Dept. to register for their programs.

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Confirmation Preference?  E-mail  Mail

If Child,  
Name of Parent/Guardian: \_\_\_\_\_

If Child, Grade School Level: \_\_\_\_\_ School Attending Fall 2017: \_\_\_\_\_

Scholarship Request: Yes  No  Please include letter from school verifying free or reduced lunch.  
(For Fitness, Adventure, Arts and CEC Camps only.)

Camps/Classes Requested:	_____	Date _____	Cost _____
	_____	Date _____	Cost _____
	_____	Date _____	Cost _____
	_____	Date _____	Cost _____
	_____	Date _____	Cost _____
	_____	Date _____	Cost _____

**Total – Events: Add up all events to get your sub-total** \$ \_\_\_\_\_

Scholarship fee \$10.00 with verification of free or reduced school lunch per child. A letter from child's school is acceptable as verification. **Sorry, refunds are not available.**

**PAYMENT TYPE:**

Cash  Check  \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Info: (920) 490-3830. Email as attachment: [jquintan@oneidanation.org](mailto:jquintan@oneidanation.org) , or bring form and payment to the first day of camp. "Arts Made Public Camp" starts 6/26/17 at 1:00pm, in Arts Cottage, 1270 Packerland Dr, Green Bay, WI.

# INFORMED CONSENT & MEDICAL DISCLOSURE



## Oneida Tribe of Indians of Wisconsin 2017 Youth Summer Programs INFORMED CONSENT & MEDICAL DISCLOSURE for my CHILD to PARTICIPATE

*Please read and initial each item. Informed consent must be included with registration form.*

**CHILD'S NAME:** \_\_\_\_\_

\_\_\_\_\_ **PARTICIPATION:** I give my permission for my child to participate in the Oneida Tribe's Summer Youth Programs through the Family Fitness Program, Recreation Program, Adventure Program, Arts Program and/or Community Education Center. I understand that the activities in these programs include physical activities, such as swimming, running, biking, climbing, or sports; performance activities such as: singing, acting and dancing; educational activities and/or field trips. I understand that my child is participating in this event voluntarily and I agree not to hold the Oneida Tribe liable for anything that happens to my child during his/her participation in this event.

\_\_\_\_\_ **SHARED INFORMATION:** I understand and give you permission to share the informed consent and medical disclosure form with the other Youth Summer Programs (listed above) that my child is participating in.

\_\_\_\_\_ **PROMOTIONS:** I give you permission to take my child's photograph or video during his/her participation in this event. I understand that the materials may be used by the programs or Oneida Tribe for promotional use.

\_\_\_\_\_ **HEALTH ISSUES:** I understand that it is my responsibility to inform you about any health issues, including allergies, my child has which may affect his/her participation in this event.

My child has health issues (if yes, please check all that apply to your child):  No  Yes

Seizures  ADD/ADHD  Asthma  Diabetes  Autism  Other \_\_\_\_\_

Allergies, (please list including food): \_\_\_\_\_

➔ **NOTE:** The Oneida Tribal programs will NOT be responsible for administering medication to your child(ren). Please fill out the following information if your child will be taking medication during Summer Programs. ←

Is your child currently taking any medications?  No  Yes

What medicine does your child take (if none, please write NONE on the line)? \_\_\_\_\_

Does your child take medication on his/her own?  No  Yes

If not, name of person administering medication: \_\_\_\_\_

Is there a specific time medication needs to be taken?  No  Yes If yes, what time? \_\_\_\_\_

Please list any warning signs if medication has not been taken or any other special instructions for your child's well-being: \_\_\_\_\_

**EMERGENCY TREATMENT:** In the event my child is injured or becomes ill while attending summer programs, every effort will be made to contact parent/guardian immediately. In the event we are unable to contact parent/guardian or emergency contact person, may we have permission to seek appropriate medical treatment? Please indicate your response by placing an X on the appropriate box.

No  Yes

### EMERGENCY CONTACT:

Parent Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PHYSICIAN INFORMATION (if desired):** Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

