

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 _____

Volunteer or Community Service

 _____ Date _____ Cost _____

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

Sorry, refunds are not available.

Unity Singers Camp meets at the Arts Cottage, 1270 Packerland Dr, Green Bay, WI 54304
Camp meets Mondays through Thursdays from July 24 to July 27th, 2017 at 1pm to 5pm.

PAYMENT TYPE:

Cash Check _____ Amount Received: _____ Date paid: _____

Staff Initials: _____

Submit form to CEC Center. Email as an attachment to Kim at kwurst@oneidanation.org
Info: CEC Center (920) 496-5252 or Beth at (920) 490-3833.

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: _____

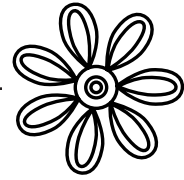
Phone Number: _____

Signature of parent/guardian

Date



2017 INFORMATION & DROP OFF / PICK-UP FORM



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For the protection and safety of your child(ren), please fill out this form and return it at the start of camp so that we know how your child(ren) will be dropped off and picked up from the program.

- *Children 9 and older may sign themselves in and out each day.*
- *Prior consent from parent/guardian is needed if child(ren) is to leave with someone other than indicated on this form.*
- *Camp check in and check out are 15 minutes prior to camp starting and ending time.*

Child's Last Name: _____ First Name: _____

Birth Date (month, date, year): _____ Check One: Boy Girl

Grade School Level: _____ School Attending Fall 2017: _____

Parent / Guardian Name: _____

Check all that apply:

- Child will be picked up by parent/guardian.
- Child will take transit, at own expense.
- Child will be walking or biking to/from program
- Child will be picked up by (add names of people other than parents):

Parent/Guardian's Signature: _____