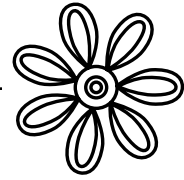


# REGISTRATION FORM



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 \$ \_\_\_\_\_**

***Sorry, refunds are not available.***

MOC Camp meets at the Arts Cottage, 1270 Packerland Dr, Green Bay, WI 54304  
Dates are Mondays through Thursdays from July 31 to August 10th, 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](mailto: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: \_\_\_\_\_

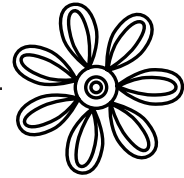
Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date



**2017 INFORMATION & DROP OFF / PICK-UP FORM**



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

*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: \_\_\_\_\_