



VISION OF HOPE, INC.
2018 SUMMER FUN CAMP
July 16 – 20, 2018
APPLICATION/REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ E-mail _____ T-shirt size _____
Emergency Contact _____ Emergency Contact Number _____
Emergency Contact _____ Emergency Contact Number _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Email _____
Home Number _____ Work Number _____ Cell Number _____

COST

- \$25.00 Non-refundable Application Fee (**due with this form**)
 \$275.00 Participant Fee for July 16-20 camp at Wallace Baptist Church, 6601 Chumuckla Hwy. in Pace (**due by July 9**)

*****NO REFUNDS AFTER REGISTRATION IS COMPLETED*****

HEALTH INFORMATION

Physician Name _____ Physician Number _____

Preferred Hospital _____

Allergies: Yes No

If Yes, please list and describe severity of reaction and treatment _____

Medications: Yes No

If Yes, please list medications and dosages _____

Seizures: Yes No

If Yes, please list frequency and treatment _____

Other health concerns _____

Do you have Health Insurance Yes No

If yes, Carrier or Plan Name _____ ID Number _____ Group Number _____

Name of Insured _____ Relationship to participant _____

Name on insurance card _____

Signed authorization to treat or have treated in the event of a medical necessity _____

DEMOGRAPHIC INFORMATION

The following information is requested for grant-writing purposes and in no way effects decisions regarding acceptance into VISION OF HOPE, INC. 2018 Summer Fun Camp.

Primary Diagnosis _____

Race _____

Gender _____

Military Affiliation _____

AUTHORIZATION FOR USE OF PHOTOGRAPH / VIDEO / AUDIO

I consent to the use of any video, photograph, slide, audio tape, CD or DVD or any other audio or visual reproduction in which the individual participant may appear, including but not limited to audio or video posted to the VISION OF HOPE, INC. website, VISION OF HOPE, INC. social media sites, or on any VISION OF HOPE, INC. promotional material. I understand that these materials may be used for promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include, but is not limited to, slide presentations, photograph displays, internet promotion, electronic multi-media, television, radio or billboard display. I agree that the photograph/image/video/audio shall be free for use and hereby release and hold harmless VISION OF HOPE, INC. and its employees, volunteers and agents for any liability connected with the use of said image, video or audio.

_____ Yes, I give VISION OF HOPE, INC. permission to use my image or audio

_____ No, I do not give VISION OF HOPE, INC. permission to use my image or audio.

Participant Name _____ Participant Signature _____

Parent / Guardian Signature _____ Date _____

VISION OF HOPE 2018 Summer Fun Camp Contract

I agree to hold VISION OF HOPE, INC., WALLACE BAPTIST CHURCH, and/or their agents harmless from any and all liability or loss resulting from or in any way associated with the VISION OF HOPE, INC. 2018 SUMMER FUN CAMP and hereby release VISION OF HOPE, INC. and WALLACE BAPTIST CHURCH from any claims that may arise from summer camp activities. I also understand that VISION OF HOPE, INC. reserves the right to remove participants from the program if they present a threat to others or if they abuse the privilege of attending the VISION OF HOPE, INC. 2018 Summer Fun Camp.

Participant Name _____ Participant Signature _____

Parent / Guardian Signature _____ Date _____

**Vision of Hope, Inc.
5555 Woodbine Road
Pace, FL 32571
(850) 994-2000**