

2012 CBC/TASK CAMP REGISTRATION

CBC/TASK CAMP DATES AND TIMES
7/16, 7/17, 7/18, 7/19, 7/20; 9:00 am – 2:00 pm each day

CHECK HERE IF YOUR ADDRESS HAS CHANGED.

CHECK HERE IF YOUR EMAIL ADDRESS HAS CHANGED.

WE MUST HAVE A CURRENT 2012 TASK APPLICATION. IF NOT, ENCLOSE AN APPLICATION WITH THIS REGISTRATION.

Please print all information neatly and return to 980 Horan Drive, Fenton Missouri 63026

Level: Gold Silver Bronze Member Number:

Athlete's First Name Athlete's Last Name

Birth Date / / Age Gender Male Female

Address

City State Zip Code Phone Number - -

School District

Dad's First Name Dad's Last Name

Dad's Work Number - - Dad's Cell Phone - -

Mom's First Name Mom's Last Name

Mom's Work Number - - Mom's Cell Number - -

Email Address

Tee Shirt Size CS CM CL AS AM AL AXL A2X Preferred Hand R L
Uses a wheelchair? Yes No Uses a walker? Yes No

CONTINUED ON BACK...

I am currently a:

- Gold Level Member*
 - I have enclosed my payment of \$20.00.
 - Bill my credit card \$20.00 (MasterCard or Visa only).

- Silver Level Member*
 - I have enclosed my payment of \$20.00.
 - Bill my credit card \$20.00 (MasterCard or Visa only).

- Bronze Level Member*
 - I have enclosed my payment of \$20.00.
 - Bill my credit card \$20.00 (MasterCard or Visa only).

All fees are non refundable. Yearly fees expire in December, 2012.
There are no prorated fees.

Credit Card Only

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	For Credit Card Payments		
	Card Number [][][][][] - [][][][][] - [][][][][] - [][][][][]	Expires (MM/YY) [][] / [][]	
Cardholder's Signature _____		Date _____	

PARTICIPATION RELEASE

I/We the parent(s)/guardian(s) of said athlete do hereby release and forever discharge TEAM ACTIVITIES FOR SPECIAL KIDS (TASK), its agents, employees and volunteers from all claims and demands, actions and causes of action, damages, cost, loss of service, expenses and compensation on account of, or in any way growing out of bodily injuries and property damage resulting, or to result from any accident that may occur as a result of, or on account of the participation in the TASK league or TASK activities, whether the result of the negligence of TASK, its agents, employees or volunteers.

Parent/Guardian Signature _____

Date: _____

MEDIA RELEASE

Team Activities for Special Kids (TASK) is granted by the RELEASE the right to photograph/video my child as well as the right to display, publish, or exhibit this photograph/video on any medium. TASK is also released from any future claims of liable, slander or any other claim.

Yes, I give my permission No, I do not give me permission

Parent/Guardian Signature _____

Date: _____

OFFICE USE ONLY

Date Rec'd _____

Amount _____

Cash

Check

Credit Card

#

CBC/TASK CAMPER HEALTH FORM

CAMPER NAME: _____

EMERGENCY CONTACT:

1. Name _____ Relationship: _____ Phone () _____

2. Name _____ Relationship: _____ Phone () _____

Please check all applicable information.

This information is confidential and is only used to best meet your child's need(s). Check all that apply.

Diagnosis	Allergies	Does your child need to use
<input type="checkbox"/> Allergies/Asthma	<input type="checkbox"/> Hay fever	<input type="checkbox"/> An inhaler?
<input type="checkbox"/> Autistic/Aspergers	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Epi Pen?
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Insect Stings	
<input type="checkbox"/> Behavior Concerns	<input type="checkbox"/> Penicillin	Is your child have a special diet?
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Latex	Yes No
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Animals	_____
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Foods (List below)	_____
<input type="checkbox"/> Mentally Impaired	_____	
<input type="checkbox"/> Physically Impaired	_____	Other important information:
<input type="checkbox"/> Seizure Disorder		_____
<input type="checkbox"/> Speech Impaired		_____
<input type="checkbox"/> Visually Impaired		_____
<input type="checkbox"/> Other		_____

Is your child toilet trained?	
Yes	No

Please list the name of the medication, dosage and time schedule of any medication that your child will need to take during the TASK Camp day (9:00am-2:00 pm). Each medication must come to camp in the original prescription bottle with all information correctly labeled. **MEDICATION MUST BE TURNED INTO THE NURSE. NO CAMPER WILL BE ALLOWED TO CARRY MEDICATIONS WITH THEM DURING THE DAY.**

Medication	Dosage	Time(s)	End Date of Prescription
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do we have permission to give over the counter medicine (i.e., Tylenol, aspirin, bug repellent etc) to your child? YES NO

Are there any over the counter, non-prescription medicine that **SHOULD NOT** be given to your child? _____

PARENT/GUARDIAN AUTHORIZATION

The above health history is accurate to the best of my knowledge. I hereby give the Camp Director of TASK to order X-Rays, routine tests, and treatment for the health of my child in the event that I or the emergency contacts cannot be reached. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment and/or to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Signature Date