



2010 Extreme Youth Leadership Camp

Registration Form

I will be attending as: ___ Adult Sponsor ___ Youth Camper
___ June 29 - July 2, 2010 Schreiner University, Kerrville, Texas
___ July 20 - 23, 2010 Angelo State University, San Angelo, Texas

Deadline for Registration: June 1, 2010 Registration Fee: \$275
Make check or money order payable to Extreme Youth Leadership.
Payment must be received in full no later than the first day of the conference to ensure confirmation.

If you are interested in serving as an EYL Volunteer please download the Volunteer Registration form at ExtremeYouthLeadership.org

Instructions:

Please use one form per registrant and fill out form completely. Please TYPE or PRINT clearly. Adult sponsors are responsible for faxing or mailing all completed Adult Sponsor and Youth Camper Forms (Individual Youth Campers may submit their own Registration), and all Liability and Medical Release Forms to EYL by the registration deadline of June 1, 2010.

School/Organization

(This is how your group will be identified. The organization should be the same on each of your group's registration forms.)

Full Name: ___ Age: ___ Birth Date: ___ M / F
Email Address: (Mandatory for Sponsors, Main form of communication) ___ Phone: ___
Roommate Preference (Request is not guaranteed): ___
T-shirt Size: (circle one) S M L XL XXL Other: ___ Grade level entering next school year: ___
Ethnic Background: (circle one) Caucasian / African American / Hispanic / Asian / Native American / Other ___
Parent/Guardian Name: ___ Phone: ___

Two Emergency Contact Persons (other than parent/guardian):

Name: ___ Phone: (___)
Name: ___ Phone: (___)

I understand that:

- a. I must stay on site the entire time camp is in session, and
b. I will participate in all camp activities, and
c. I release EYL and PDAP to use ideas, photographs and / or film that may be taken during camp activities.

Liability and Medical Release Form

In consideration for being accepted by Extreme Youth Leadership for participation at the 2010 Extreme Youth Leadership Camp, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Extreme Youth Leadership, Palmer Drug Abuse Program, San Angelo State University/Schreiner University and the directors there of from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participation in the above named conference. Furthermore, we (I) (and on the behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and all activities involved there. Furthermore, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging of this participant. The undersigned further agree to hold harmless and indemnify said organization, its directors, employees and agents, from any liability sustained by said organization as the result of negligent, willful or intentional act of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years): We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity, and hereby given our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

We (I), understand the onsite nurse and/or the youth sponsor will administer the required medication to my child.

Do you have Medical Insurance? [] YES [] NO

IF YES, PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

Insurance Company Name
Policy #:
Physician Name:
Physician Phone: ()
Will participant be taking any medication? [] YES [] NO
If YES, please specify:
Any allergies (food, medical, etc.)? [] YES [] NO
If YES, please specify:

Parent's Printed Name (If participant under 21 years of age)
Parent's Signature and Date (If participant under 21 years of age)
Participant's Signature and Date