

If YES, please specify: _____

If YES, please specify:

Any allergies (food, medical, etc.)? _____YES _____NO

2017 Extreme Youth Leadership Camp – Registration Form				
The Camp I will be attending: (please select 1)				
☐ June 27–30, Schreiner University, Kerrville, TX	☐ July 11–14, Texas A&M Texarkana, Texarkana, TX			
☐ Adult Sponsor ☐ Youth Camper	☐ Adult Sponsor ☐ Youth Camper			
Registration DUE by: May 19, 2017	Registration DUE by: June 2, 2017			
Registration Fee: 350.00 (\$400 after registration deadline) - Payment must be received in full by June 2, 2017				
Please submit this completed form via email to director@extremeyouthleadership.org OR				

ExtremeYouthLeadership.org	by mail to: EYL – 49	931 Boyd Blvd, Ste. B – Row	lett, TX 75088 (NO	FAX)		
completed Adult Sponsor and Youth Ca	fill out form completely. Please TYPE of amper Forms (Individual Youth Campers s are submitted to EYL by the registration	s may submit their own Reg	istration), and all	Liability and Medical Relea		
School/Organization						
(This is how you	or your group will be identified. The organization sl	hould be the same on each of your	group's registration form	ns.)		
	Age:					
Address:		City:	State:	Zip:		
Email Address: (Mandatory for Sponsors, Main for	rm of communication)		Phon	e:		
Roommate Preference (Request is not gu	uaranteed):	This is my first time	e to attend EYL Can	np: Yes No		
T-shirt Size: (pick one) (circle one) S M	L XL XXL Other:	_ Grade level enterin	g next school year	(students only):		
Ethnic Background: (circle one) African	American / Asian / Caucasian / Hisp	panic / Native American /	Other:			
Do you use Social Media? (check all that	apply) Facebook: Twitter: Insta	agram: SnapChat:	Other:			
Parent/Guardian Name:	Email:		Phone:			
Two Emergency Contact Persons (PLEA	ASE make sure one is someone other th	nan parent/quardian):				
Name:	Relationshi	Relationship: Phone:				
Name:	Relationshi	ip: Phone	::			
 a. I must stay on site the entire time EYL b. I will participate in all EYL Camp activit c. I release Extreme Youth Leadership and 	· ·	ohs, video, audio and/or ideas o	obtained from me du	ring EYL Camp.		
	Liability and Medical	Release Form				
(myself) (and for and on behalf of my child-partici Schreiner University (SU), Texas A&M Texarkana (damage and expenses, of any nature whatsoever Furthermore, we (I) (and on the behalf of our (my participation in recreation and all activities involve lodging to this participant. The undersigned furth said organization as the result of negligent, willful (If the participant has not attained the age o fully in said activities, evaluation and assessment doctor or hospital and hereby authorize medical t	me Youth Leadership for participation at the 2017 pant if said child is not 21 years of age or older) do TAMUT), and the directors there of from any and a which may be incurred by the undersigned and the) child-participant if under the age of 21 years) hered there. Furthermore, authorization and permissi ler agree to hold harmless and indemnify said orgal or intentional act of said participant, including expit 21 years): We (I) are the parents(s) or legal guard of camp experience including demographics and pereatment, including but not in limitation to emergento return home due to medical reasons, disciplination	hereby release, forever discharge all liability, claims or demands for peechild-participant that occur while reby assume all risk of personal injuion is hereby given to said organization, its directors, employees, penses incurred attendant thereto. dian(s) of this participant, and here personal information and hereby givency surgery or medical treatment.	and agree to hold harmlersonal injury, sickness of said child is participatinury, sickness, death, damation to furnish any necewolunteers and agents, full by grant our (my) permisen our (my) permisen our (my) permisen and assume the respon	ess Extreme Youth Leadership, or death, as well as property g in the above named camp. age and expense as a result of ssary transportation, food and rom any liability sustained by ssion for him/her to participate to take said participant to a sibility for all medical bills.		
We (I), understand the onsite camp medical Do you have Medical Insurance?Y	al staff and/or the adult sponsor may admir /ESNO	nister the required medication	to my child.			
IF YES, PLEASE ATTACH A COPY OF YO						
Insurance Company:		arent's Printed Name (If participar	nt under 21 years of age)			
Policy #						
Physician Name:	<u>P</u> e	Parent's Signature and Date (If participant under 21 years of age)				
Physician Phone:						
Will participant be taking any medication?	YESNO Pa	Participant's Signature and Date				

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