



2016 Extreme Youth Leadership Camp REGISTRATION FORM

- ☐ I will attend: EYL Camp @ Schreiner University, June 28 – July 1, 2016
☐ I will attend: EYL Camp @ Texas A&M University Texarkana, July 10–13, 2016

I will be attending as an: ☐ Adult Sponsor ☐ Youth Camper

Registration DEADLINE: Schreiner University May 18, 2016 Texas A&M Texarkana June 2, 2016

Registration Fee: 350.00 (\$400 after registration deadline)

Payment is NOT needed with this form.

Please submit this completed form via email to director@extremeyouthleadership.org OR
by mail to: EYL – 4931 Boyd Blvd, Ste. B – Rowlett, TX 75088 (NO FAX)

Instructions: Please use one form per registrant and **fill out form completely**. Please **TYPE** or **PRINT** clearly. Adult sponsors are responsible for emailing 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 with Parent/Guardian signatures are submitted to EYL by the **registration due date listed above**.

School/Organization _____

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

Full Name: _____ Age: _____ Birth Date: _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip: _____

Email Address: (Mandatory for Sponsors, Main form of communication) _____ Phone: _____

Roommate Preference (*Request is not guaranteed*): _____ This is my first time to attend EYL Camp: Yes ☐ No ☐

T-shirt Size: (pick one) (circle one) S M L XL XXL Other: _____ Grade level entering next school year (*students only*): _____

Ethnic Background: (circle one) African American / Asian / Caucasian / Hispanic / Native American / Other: _____

Do you use Social Media? (*check all that apply*) Facebook: ☐ Twitter: ☐ Instagram: ☐ SanpChat: ☐ Other: _____

Parent/Guardian Name: _____ Email: _____ Phone: _____

Two Emergency Contact Persons (**PLEASE make sure one is someone other than parent/guardian**):

Name: _____ Relationship: _____ Phone: _____

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I understand that:

- I must stay on site the entire time camp is in session, and
- I will participate in all camp activities, and
- I release Extreme Youth Leadership and/or any Partner Agencies to use photographs, video, audio and/or ideas obtained from me during EYL Camp.

Liability and Medical Release Form

In consideration for being accepted by Extreme Youth Leadership for participation at the 2016 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, Schreiner University, Texas A&M University, Texarkana Police Department, 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 participating in the above named camp. 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 to this participant. The undersigned further agree to hold harmless and indemnify said organization, its directors, employees, volunteers 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 activities, evaluation and assessment of camp experience including demographics and personal information 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 camp medical staff and/or the adult sponsor may 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: _____

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

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