



REGISTRATION FORM

(Please Print)

Today's date:			Program: TEENERGY Social Justice Arts Program		
CAMPER INFORMATION					
Last name:	First:	Middle:	Birth date:	Ethnicity:	
Street address:			City/State:	ZIP Code:	
Home Phone:	Cell Phone:		Age:	Gender:	
Does TEENERGY have permission to take pictures/video of your young person? Yes <input type="checkbox"/>				No <input type="checkbox"/>	
MEDICAL INFORMATION					
Is your young person covered by insurance? (Note: Lack of insurance coverage does not disqualify child from participating)					
Insurance Provider:	Phone:	Address:		Policy Number:	
Does your young person have any medical conditions that TEENERGY staff should know about? (i.e. asthma, hot flashes, etc.) Please Explain:					
Is your young person currently taking any type of medication? Please List:					

Parent Consent/Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize JEG-Productions to secure emergency medical care as needed.

Parent/Guardian Initial _____

Although I understand that JEG-Productions will make reasonable effort to provide a safe environment, I am fully aware of the risks inherent in participating in this activity, including physical injury/ and or death. Being fully aware of the risks, I hereby give consent for

_____ to participate in this activity.

Parent/Guardian Initial _____

Parent/Guardian Name (Print):

IN CASE OF EMERGENCY

Name of friend or relative:

Phone no.:

Name of friend or relative:

Phone no.: