



# STUDENT HANDS ON THOMAS COUNTY CAMP REGISTRATION FORM

**PROJECT IMPACT 2019  
SUMMER SERVICE CAMP  
JUNE 10TH-14TH**

Camper Name: \_\_\_\_\_ Preferred: \_\_\_\_\_  
*Last First M.I.*

Gender: Male  Female  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: *American Indian Asian African-American Hispanic Multiracial White*  
*(Optional)*

School: \_\_\_\_\_ Grade for 2019/20: \_\_\_\_\_

What is camper's shirt size? \_\_\_\_\_ (Adult sizes Small—XL) Although we will make every effort, we cannot guarantee shirt size.

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_  
*Local Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about HOTC? (check all that apply)

- School  Newsletter  Facebook  Friend  Poster  Church  
 Website  Email  Other, please specify: \_\_\_\_\_

Application, liability waiver and registration fee of \$100 must be received before your spot is reserved. Space is limited and first come/first serve. Please mail to HOTC, P.O. Box 252, Thomasville, GA 31799 or drop off at 120 E. Monroe Street. We're sorry, no refunds unless we are able to full your spot prior to start of camp.

# PROJECT IMPACT SUMMER SERVICE CAMP 2019 LIABILITY WAIVER

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Liability waiver: I acknowledge that my participation, and that of any minors stated above, is completely voluntary on my/our part and is being undertaken without promise or expectation of compensation. I, the below-signed, for myself, my heirs, and assigns hereby release and discharge Hands On Thomas County (HOTC), its affiliates, associates, and agents and any participating organizations, for any claims for damages or injury may incur resulting from participation in this voluntary community service event. I understand that participation involves risk of injury and that illness may result directly or indirectly from participation. I further state that the above listed participant is in proper condition for participating in these events; will abide by the rules established by HOTC and its partners relative to health and safety requirements; will not accept any tasks that they are not physically able or comfortable doing. I/we accept responsibility for the possible loss or damage to personal property, physical & mental well-being, risk of injury, and behavior of myself, and any minors that accompany me. I also give my permission to HOTC to reproduce any photographs or video taken during this project.

I hereby release Hands On Thomas County of Thomasville, Georgia, its staff, Board and volunteers from responsibility and liability for any injury, damage or illness due to gross negligence that my child may sustain just before, during and just after Youth Service Camp. In the event of an emergency, I hereby authorize an adult leader of said activities, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) either at a doctor's office or in any hospital. I further authorize the staff, youth leaders or volunteers to administer any immediate first aid treatment that may be deemed necessary. I expect to be contacted as soon as possible. I hereby deem that this release is effective for Project IMPACT Youth Service Camp activities for the week of June 10<sup>th</sup>-14<sup>th</sup>, 2019.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent Emergency Phone Number(s) \_\_\_\_\_

Parent Email \_\_\_\_\_

Other Emergency Contact(s) \_\_\_\_\_

Other Emergency Phone Number(s) \_\_\_\_\_

## **Medical Information**

Allergies (*animals, food, plants, latex, meds, etc.*) \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Anything else we should be aware of \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Member's Name \_\_\_\_\_

***Please attach a copy of the front and back of your insurance card.***

## PROJECT IMPACT PARENT/CHILD PLEDGE

It is a privilege for us to be able to offer this camp, and to allow our campers to take part in so many amazing volunteer experiences. Your conduct is a reflection of our organization, and all youth volunteers - if you don't look good, none of us look good! **We expect our campers to know and follow these basic rules:**

1. Respect each other, the team leaders, and the people we will be visiting. Be polite. Follow instructions. No bullying, fighting, or rude or abusive language. Keep your hands to yourself.
2. Respect the property of others and the places we will be visiting. No littering, gum, or vandalism. Do not eat, remove, break, or otherwise mess with anything you have not been instructed to. Our goal is to leave places in better shape than we found them.
3. Always remain in site of a team leader. If you need to use the restroom or step away from the group, let an adult know, and take a fellow camper.
4. Please no food, drink, standing, or being loud on the bus.
5. ALL electronic devices must be silenced and put away at work sites and during discussion. Devices are only allowed at lunch, on bus, and during free time.
6. Knives, or any type of weapons, are not allowed.
7. Campers should show teamwork by helping and encouraging each other. Be kind – we are one big team of good!
8. Campers should participate in all tasks to the best of their abilities. Remember, you have the opportunity to earn up to 20 hours of community service for school – but you have to participate in all tasks to receive full credit.
9. Have a good attitude, and be flexible.
10. Smile and have fun!

Parents will be asked to pick up their child immediately if they are unable to comply with any of these rules.

Camper signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_