

**Echo Youth Programs, the Coalition for a Drug Free Batesville,
Batesville Mayor's Youth Council & the City of Batesville present:**



Please return this form with payment to the school office by Friday, May 31st

Echo Nation is a week dedicated to youth empowerment, leadership, and fun! Each day campers will participate in exciting and educational activities that will teach them about leadership, decision-making, teamwork, and self-confidence. The Echo Nation staff is dedicated to creating a positive and safe environment that encourages self-discovery, creativity, friendship, and fun for our campers. Students will walk away from the week with a better understanding of who they are and the impact they can have on their community.

Camp runs from Monday, June 17th to Friday, June 21st from 9AM-5PM. Lunch and snack will be provided for the campers each day. Campers will showcase a few pieces of what they work on at the Camp Wrap-Up and Showcase at 4:30PM on Friday, June 21st, at the Batesville Middle School Commons. Students must attend camp each day in order to participate in the Showcase.

The cost for the camp is \$25 for the week. Please make checks payable to 'Coalition for a Drug Free Batesville' & include the check with the registration form to secure your child's spot. Echo Nation has a limited number of spots, so submit their registration form along with payment ASAP to secure your child's space in camp. We do have a limited number of scholarships available if there is a need. Contact Kim at kim@drugfreebatesville.org or at 812/932-0591 to discuss a scholarship if there is a financial need.

ECHO NATION 2019 REGISTRATION

CAMPER INFORMATION

Last name: _____ First name: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Grade

(for 2017-18 school year):

- 4th Grade
- 5th Grade
- _____

T-shirt Size

(adult sizes only):

- Adult XS
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

Desired Focus

(choose one):

- Art
- Performance
- Science
- Sport

Gender:

- Male
- Female
- _____

PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT

Last name: _____ First name: _____

Phone: _____ E-mail: _____

Relationship to Camper: _____

SECONDARY CONTACT *(optional)*

Last name: _____ First name: _____

Phone: _____ E-mail: _____

Relationship to Camper: _____

EMERGENCY CONTACT *(in the event that the previously listed contacts cannot be reached)*

Last name: _____ First name: _____

Phone: _____ E-mail: _____

Relationship to Camper: _____

ECHO NATION 2019 REGISTRATION

CAMPER MEDICAL INFORMATION

Camper's Physician: _____ Phone: _____

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

Camper's Dentist: _____ Phone: _____

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

Health Insurance Provider: _____ Phone: _____

Policy Number: _____ Subscriber: _____

Please list any current medications.

If medications will be taken during the camp day, instructions must be provided for camp staff.

Does your child have any dietary concerns, or allergies? *Please be specific.*

SIGN-OUT / WALK-OUT AGREEMENT

Please check ONE box:

- My camper does NOT need to be signed out of camp each day by an adult.
(i.e. My camper is allowed to leave camp without being signed out each day.)
- My camper DOES need to be signed out of camp each day by an adult.
(i.e. An approved adult will come inside and sign my camper out each day.)

Please list the full names of all approved adults, who can sign my child out of camp:

Signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT

By signing below, I confirm the following:

1. The aforementioned health information is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities, except as noted.
2. **Authorization for Treatment:** By signing below, I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. In consideration for being allowed to participate in the programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless Echo Youth Programs and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities.
3. **Photo release:** By signing below, I authorize the Echo Youth Programs to have and use photographs, slides, or video tapes of me, my child, or my family as may be needed for its public relations programs.
4. **Authorization for Transportation:** By signing below, I grant permission for my child to participate in all planned camp activities including out-of-camp trips by van, understanding that competent leadership is provided.
5. By signing below, I understand and acknowledge that Echo Youth Programs is not responsible for lost, stolen or damaged personal articles.

I acknowledge that this general release of liability and authorization for treatment of the Echo Youth Programs is binding on me personally and on my heirs, personal representatives, successors and assigns.

Signature: _____ Date: _____