



MARCH BREAK ENTREPRENEURSHIP CAMP

REGISTRATION FORM

Camper's name: _____

Birth Date: _____ Age: _____

Parent(s)/Guardian(s): _____ Phone: _____

Address: _____ Apt. # _____

City: _____ Postal Code: _____

Emergency Contact Name and Number: _____

Health Card #: _____ Doctor's Name: _____

Required Medications: _____ Medical issues – Please specify: _____

Does the participant have any allergies? Yes _____ No _____

If Yes please explain) _____

Camp Dates: _____ Camp Location: _____

Release of Liability: As a condition of my child's participation in the *BIJ Summer Camp*, I agree to release the *Black Business Initiative*, its employees and agents from any and all liability for any bodily injury, property damage, death or loss of any nature and kind that may occur from participation in any activities of the *BIJ Summer Camp*. Further, I will take full responsibility for this child, his or her behavior, actions and cost incurred by any type of negligence on the part of this child. Furthermore, I do hereby give permission for this child to be given any and all medical treatment that may be required.

I also agree to have my child's name and any pictures taken at the camp used for publicity purposes should the need arise.

I agree I do not agree

Signature of Parent/Guardian: _____ Date: _____