

African American Enrichment Academy (AAEA)

Participant Application

July 28 - August 2, 2019

Student Information:

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2018) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Student's Cell Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____ Street
Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical issues, including any requiring maintenance medication (i.e. Diabetic, Asthmatic, Epileptic).

<u>Medical Issue</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

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Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature _____

I understand that the African American Enrichment Academy or CSUCI and its affiliates will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **African American Enrichment Academy**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the African American Enrichment Academy and its affiliates.

Parent's/Guardian's Signature _____

Transportation Release

I hereby give permission for the transportation of my child for official **African American Enrichment Academy** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Signature _____

The African American Enrichment Academy and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

