



*ND National Guard Child and Youth Program  
 Promote and sustain the quality of life and resilience of National Guard children  
 and youth by providing secure, timely, flexible, high-quality support services  
 and enrichment programs.*

## Military Youth Fish Camp – 2013 Summer Camp Registration Form

**June 10-14, 2013**

**Camp of the Cross, Garrison, ND**

**Attendees: Military Youth between 8-15 years old**

<b>CAMPER INFORMATION</b>			
Please fill out the form in its entirety before mailing in registration form.			
Name		Male or Female	
Address		DOB	Grade Fall 2013
City	State	Zip	Home Phone
Parent/Guardian's Name			
Military Unit			
Email		Cell Phone	
Emergency Contact		Relationship	
Emergency Phone Number			
Camper's T-shirt Size			
<b>PROGRAM FEES</b>			
Cost of Program		No Cost for ND National Guard Youth	
<b>HEALTH FORM</b>			
<b>Allergies</b>		<b>Swimming Ability</b>	
<i>Please specify if your camper has any of the following allergies:</i>		<input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner (avoids deep water) <input type="checkbox"/> Intermediate (comfortable in deep water)	
<b>Medication</b> _____ <b>Food</b> _____ <b>Insects</b> _____ <b>Plants</b> _____ <b>Other</b> _____			
<b>Health History</b>			
If the camper has had any of the following, mark with an "X". Use "N" if the camper has the following now.			
<input type="checkbox"/> ADD	<input type="checkbox"/> Anorexia/Bulimia	<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Behavior Challenges	<input type="checkbox"/> Constipation
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Eczema	<input type="checkbox"/> Fainting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Sinus infections
<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Menstrual cramps
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> German measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Bleeding/clotting disorders	<input type="checkbox"/> High blood pressure	
<input type="checkbox"/> Heart problems (Please describe) _____			
<input type="checkbox"/> Seizures (Please describe) _____			
Other illness or needs that may affect camp life _____			
Surgeries or serious illness and dates _____			
Dietary concerns or restrictions _____			

Physical activity restrictions _____					
<b>Medications</b>					
May over-the-counter medications be administered if needed (i.e. Tylenol or Tums)? YES NO					
Please list any medications your child is on currently. _____					
My child can administer his/her own medication. YES NO Signature required _____					
Health Insurance Policy # _____					
Child's Physician _____					
Clinic _____					
<b>Immunizations</b>					
The following information is mandatory. Do not use "current" or "up to date". A print out form from the physician can also be submitted. Please attach a separate sheet if there is any further information about your camper you wish to share to help us ensure your camper has a successful time participating in Camp of the Cross Ministries' programs.					
<b>Required Vaccines</b>					
Vaccine Type	Enter Month/Year for Each Immunization Given				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
DtaP/DTP/DT (Diphtheria-Tetanus-Pertussis)					
Hib (Haemophilus influenza type b)					
IPV/OPV (Polio)					
MMR (Measles – Mumps – Rubella)					
Td booster (Tetanus – Diptheria)					
<b>Recommended Vaccines – Not Required</b>					
Varicella (Chicken Pox)					
Hepatitis B					
<b>Minimum Number of Doses Required Per Grade</b>					
Vaccine Type	Minimum Number of Doses Required Per Grade				
	Grades K - 6	Grades 7 - 12	College		
DtaP/DTP/DT (Diphtheria-Tetanus-Pertussis)	4 or more (due at 2, 4, 12 to 15 months & 4 – 6 years.	4 or more - Booster needed every 5-10 years after last DtaP/DT shot.	4 or more - Booster needed every 5-10 years after last DtaP/DT shot		
Hib (Haemophilus influenza type b)	3 (due at 2, 4, & 6 months) <b>or</b> 1 dose if given at 15 mo or older.	Children 5 years & older are exempt from the Hib requirement.	Children 5 years & older are exempt from the Hib requirement		
IPV/OPV (Polio)	4 (due at 2, 4, 12 to 15 months, and 4 to 6 years.)	4	4		
MMR (Measles – Mumps – Rubella)	2 (due at 12 to 15 months and 4 to 6 years)	2	2		
Varicella (Chicken Pox)	Optional ( 3 doses given at birth, 2 and 6 months)	Optional	Optional		
Hepatitis B	Optional (1 dose given at 12 to 18 months.)	Optional	Optional		

**Please initial next to each section below indicating that you have read and give parental permission for each section.**

**Photo Release Form \_\_\_\_\_ (Initials)**

I understand the National Guard Child & Youth Program is developing photographic and multimedia materials, which will illustrate events occurring throughout the year for the NDNG Child & Youth Program. I grant the National Guard Youth Program and its associated staff and subordinate entities the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes and sound recordings of the NDNG Child & Youth Program or its associated entities may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

**Swimming Permission \_\_\_\_\_ (Initials)**

I give permission for the child/children, listed on this registration form, to swim under direct supervision of a certified lifeguard. I understand that my child will **not** be left unattended at any time. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation.

**Parent's/Guardian's Agreement of Waiver of Liability, Indemnification, and Medical Release**

*To be signed by parent/legal guardian if the participant is under 18 years of age.*

**Acknowledgement and Assumption of Risk**

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in an event sponsored by the North Dakota National Guard (NDNG).

Nevertheless, the undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and the undersigned parent and/or legal guardian hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

**Waiver of Liability, Indemnification, and Medical Release:**

In consideration of being allowed to voluntarily participate in the above-referenced event, on behalf of the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- a. **Waives, releases, and discharges** the NDNG, the State of North Dakota and the United States and their agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue to the participant or the participant's estate as a direct or indirect result of participation in the NDNG sponsored event.
- b. **Indemnifies, saves, and holds harmless** the NDNG, the State of North Dakota, and the United States and their agencies, officers, and employees from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from participant's actions during the NDNG sponsored event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during a NDNG sponsored event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.



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I, the undersigned parent and/or legal guardian, affirm that I am at least 18 years of age and am freely signing this Agreement. **I have read this form and fully understand that by signing this form I am giving up legal right and/or remedies which may otherwise be available to the minor participant regarding any losses the participant may sustain as a result of his/her participation.** I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Signature of Parent/Guardian:	
Printed Name:	
Date:	

For questions, please contact the ND National Guard Child & Youth Program Office.

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*This camp is a partnership between the North Dakota National Guard Child & Youth Program & the North Dakota Game & Fish Department*