



# Military Family Resilience Camp Application



Parent Name/s: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Point of Contact: \_\_\_\_\_

Children/s Names and Age/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military Branch of Service? \_\_\_\_\_ Check if: Active \_\_\_ Guard \_\_\_ Reserve \_\_\_

## Release From Harm

By signing this form, I agree to allow my family (name listed above) to participate in the MTNG Child and Youth Program's Family Resilience Camp. I attest that my family has permission to ride in a GSA (Government Owned Vehicle) **if needed**. In addition, I release the National Guard Bureau, any National Guard Affiliates, and their employees and contractors, from any responsibility or liability regarding any possible injury/death that might occur to my family.

Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



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## Photo/Press Release

I understand that the Montana National Guard Child and Youth Program is developing photographic and multimedia materials, which will illustrate activities of the MTNGCYP. I grant the MT National Guard, MTNGCYP 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 family representatives, for use in any such materials as the National Guard and the MTNGCYP or its associated entities may create, without any payment to or future approval by me. I agree that there shall be no payment for such use

\_\_\_\_\_  
Parent or Legal Guardian:

\_\_\_\_\_  
Date:

## Family Medical Information:

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Special diet or food restrictions \_\_\_\_\_

Describe any physical limitations \_\_\_\_\_

Describe any recent illness or injury \_\_\_\_\_

Is there a history of:      heart condition      diabetes      asthma      epilepsy

Please note that the MT National Guard and MTNGCYP will not be responsible for individual medications.