



**MTNGCYP Fort Harrison Day Camp 2017:  
Camp Dates: July 17-21, 2017  
Registration Packet**

Mail to: Child and Youth Programs  
1956 Mt. Majo/PO Box 4789 Fort Harrison, MT 59636

Email to: sara.l.cease.ctr@mail.mil

**Must be received by Saturday, July 1<sup>st</sup> 2017**

Due to staffing requirements,  
**NO LATE REGISTRATIONS WILL BE ACCEPTED**

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Please answer the following questions: PLEASE WRITE LEGIBLY

**SECTION I: YOUTH INFORMATION**

Camper's Name: \_\_\_\_\_  
Last First MI

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

Circle Camper Grade in Fall 2017: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> Camper Birth Date: \_\_\_\_\_

**SECTION II: PARENT or LEGAL GUARDIAN INFORMATION (Please complete all applicable information)**

Parent/Legal Guardian:

Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Second email address if you would like to receive duplicate info: \_\_\_\_\_

Name of the Unit or Wing that family member or military sponsor is assigned to or 4-H Club:  
\_\_\_\_\_

Name of military sponsor and relationship to camper:  
\_\_\_\_\_

**SECTION III: MEDICAL INFORMATION** if special arrangements or accommodations should be made/planned ahead of the camp, please contact the Child and Youth Program.

**The MTNGCYP DAY CAMP and Family Programs Office staff will make every effort to contact you in the event of an injury. Should you not be reachable, or if the emergent situation dictates, we will act on your behalf in seeking medical care for your child.**

**AUTHORIZATION/CONSENT TO TREAT:**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my child's health during the 2017 MTNGCYP Day Camp. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent to be treated with the same authority as the original one.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If your child has allergies, medication needs, or any other medical condition we need to be aware of during camp, please complete the information below. Please include all prescription and/or over-the-counter medication information. The parent should dispense all medication while child is participating in the camp (See exception below)\*.

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Youth Name: \_\_\_\_\_

Medical Information/Needs that **require** monitoring:

Allergies to food/medicine: \_\_\_\_\_

When Parent will dispense medication: \_\_\_\_\_

*\*If your child typically self-medicates, please indicate your permission for him/her to do so while attending the 2017 Day Camp.*

*My child \_\_\_\_\_ has permission to administer his/her own medication during the 2017 Day Camp.*

*Please list any special storage needs:*

Does your child require an aid: \_\_\_\_\_

**HOLD HARMLESS:**

By signing this form, I agree to release the National Guard Bureau, any National Guard Affiliates, and/or their employees and/or contractors from any responsibility or liability regarding any possible injury/death that might occur during the 2017 MTNGCYP Day Camp.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV: PHOTO AND NON-CONFIDENTIAL INFORMATION RELEASE**

I understand that the Montana National Guard Child and Youth Program is developing photographic and multimedia materials, which will illustrate activities at all Program events. I grant the Montana National Guard Child and 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 MTNGCYP Day Camp 2017 youth attendees, for use in any such materials as the Montana National Guard Child and 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.

Signature of Youth Representative: \_\_\_\_\_

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

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

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

# Meet My Military Kid Worksheet

This form is designed to give the Montana National Guard's Child and Youth Program and Volunteers additional information that is not included on the health history form. We hope this form will make your child's experience with our program happy, rewarding and exciting.

Military Kid Name	Age	
My military kid is most happy when...		
My military kid is most unhappy when...		
My military kid gets excited when...		
My military kid is afraid of...		
At camp my military kid is most looking forward to...		
My military kid may need a little extra assistance during the following activities...		
Additional comments		
Parent/ Guardian Signature	Date	