



"Friendship: The Route to Peace"

WITH OPEN MINDS

Spring Splash at YMCA Camp Lincoln

67 Ball Road, Kingston, NH

PERMISSION FORM

Play together! Share together! Discover! Adventure! A day of fun! Free of charge!

WITH OPEN MINDS and the Southern District YMCA is offering a one day camp experience for your teen. A diversity focus provides the opportunity to share rich culture, learn about those of their classmates, make new friends and become a leader with those of various cultural backgrounds!!

Bus pick up at Beech Street School and Manchester West High School

Must wear sneakers and clothes appropriate for hiking in the woods around camp. Bring a bathing suit and beach towel for swimming and boating.

Saturday, May 18th, 2013

8:00 AM – 5:00 PM

STUDENT INFORMATION (Please Print)

Name: _____
 First Middle Last

Address: _____ City _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ e-mail: _____

Boy Girl (Circle One) Date of Birth: _____ Age: _____ Grade: _____

School you attend: _____

Your ethnic heritage: _____ Country of origin: _____

PARENT OR GUARDIAN INFORMATION

Name: _____ Relationship to Student: _____

Home Phone: (____) _____ Cell Phone: (____) _____ e-mail: _____

We need contact information for another person we can call if you are not immediately available.

ALTERNATIVE EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Student: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Address: _____
 Street City State Zip Code

INSURANCE INFORMATION

Is the Student receiving Medical Assistance (MA)? ____ YES ____ NO

If YES: What is the Student's MA number? _____

Please print the name as it appears on the MA card: _____

Is the Student covered by any other health insurance? ____ YES ____ NO

If YES: What is the name of health insurance provider: _____

Please provide the health insurance policy number: _____

Name of Student's Doctor: _____ Doctor's phone number: (____) _____

PERMISSION FOR ATTENDANCE

I/We give _____ (name of child) my/our permission to attend the Spring Splash by WITH OPEN MINDS at YMCA Camp Lincoln. I/We understand that travel to the YMCA will be provided by WITH OPEN MINDS. By signing this permission form I/we give permission for my child to participate in all of the activities. I/ We understand that the YMCA and WITH OPEN MINDS do not provide my child accident insurance. I/We hereby give permission to transport my child to a medical facility to secure treatments for my child. In the event I/we cannot be reached in an emergency, I/we hereby give permission to the medical personnel selected by the YMCA and WITH OPEN MINDS staff to hospitalize and secure proper treatment for my child named at the top of this form. I/We understand that I/we will be responsible for payment of all medical bills. The YMCA and WITH OPEN MINDS are not responsible for lost, stolen, or damaged personal articles. I/We authorize appointed staff members to administer first aid and authorize medical treatment in my absence.

Signature of Parent or Guardian

Date

PERMISSION FOR PHOTO & VIDEO RELEASE

WITH OPEN MINDS and the YMCA request permission to use photographs or video footage of students in publications (newsletters, brochures, websites, etc.) By signing below, you give your permission to WITH OPEN MINDS and the YMCA to use photos or videos of your child in publications, unless you check the "NO" box below. For more information, contact Marilyn Kellogg at 603-642-4864 or 603-793-3333.

Signature of Parent or Guardian

Date

NO - I do not wish to have photos or video of my child to appear in publications.

Questions about the program? Visit us at www.withopenminds.org or call us at 603-793-333 or 603-642-4864.

Please return completed permission form to: Amadou Hamady, Jeanne Rubenson or Marilyn Kellogg

**Or mail to: Marilyn Kellogg
With Open Minds
3 Shore Road, Kingston, NH 03848**