

2024 Hand in Hand Registration Form

July 12

July 19

Please note that all youth campers must be accompanied by a designated adult who is staying for the day and experiencing camp Hand in Hand with their youth camper(s). If the adult is not the parent/legal guardian of the youth camper(s) with them, a signature from their parent/guardian will be required.

Designated Adult: _____ Date of Birth: _____ Sex: Male Female

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Food Allergies/Dietary Concerns: _____

Youth Camper #1: _____ Date of Birth: _____ Sex: Male Female

Food Allergies/Dietary Concerns: _____

Grade in School as of May 1, 2024: PreSchool Kindergarten 1st Grade **Adult is parent? Yes No (if no, please complete below)**

Parent Name: _____ Parent Phone # _____

Please list any medications this child is on and the reason they take them.

Release Statement: I, as the above named parent/guardian, give permission for the above named youth camper to be at part of the Hand in Hand Camp. I grant permission for the designated adult to transport them to and from camp for the day as well as participate in the program alongside my youth camper. I give permission for any photo or video taken to be used for promotional purposes. I give permission for the designated adult or IOLBC staff to secure any emergency medical care until such time I am able to be reached and consulted. I agree to pay for any emergency care needed. I will hold harmless IOLBC, its staff, volunteers, board of directors, and the designated adult.

Signature: _____ Date: _____

Youth Camper #2: _____ Date of Birth: _____ Sex: Male Female

Food Allergies/Dietary Concerns: _____

Grade in School as of May 1, 2024: PreSchool Kindergarten 1st Grade **Adult is parent? Yes No (if no, please complete below)**

Parent Name: _____ Parent Phone # _____

Please list any medications this child is on and the reason they take them.

Release Statement: I, as the above named parent/guardian, give permission for the above named youth camper to be at part of the Hand in Hand Camp. I grant permission for the designated adult to transport them to and from camp for the day as well as participate in the program alongside my youth camper. I give permission for any photo or video taken to be used for promotional purposes. I give permission for the designated adult or IOLBC staff to secure any emergency medical care until such time I am able to be reached and consulted. I agree to pay for any emergency care needed. I will hold harmless IOLBC, its staff, volunteers, board of directors, and the designated adult.

Signature: _____ Date: _____

Youth Camper #3: _____ Date of Birth: _____ Sex: Male Female

Food Allergies/Dietary Concerns: _____

Grade in School as of May 1, 2024: PreSchool Kindergarten 1st Grade **Adult is parent? Yes No (if no, please complete below)**

Parent Name: _____ Parent Phone # _____

Please list any medications this child is on and the reason they take them.

Release Statement: I, as the above named parent/guardian, give permission for the above named youth camper to be at part of the Hand in Hand Camp. I grant permission for the designated adult to transport them to and from camp for the day as well as participate in the program alongside my youth camper. I give permission for any photo or video taken to be used for promotional purposes. I give permission for the designated adult or IOLBC staff to secure any emergency medical care until such time I am able to be reached and consulted. I agree to pay for any emergency care needed. I will hold harmless IOLBC, its staff, volunteers, board of directors, and the designated adult.

Signature: _____ Date: _____

Please return completed form with deposit (\$15 per person) to: IOLBC: Attn: Hand in Hand 1203 Inwan Street Milford, IA 51351