



Holocaust Education Resource Council 2022 Summer Program Registration

Student (must be enrolled in high school for the fall of 2022)

First _____ Middle _____ Last _____
Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date _____
_____/_____/____ Age _____
Street Address _____

Town/City _____ State _____ Zip code _____ Student's
Home Phone _____
Child lives with: _____

Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____

Town/City _____ State ___ Zip Code _____ Home Phone _____
Work Phone _____
Cell phone _____ FAX _____
E-mail _____
Occupation _____
Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____

Town/City _____ State ___ Zip code _____ Home Phone _____
Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
_____ Work Phone _____
Cell Phone _____ Email _____
Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance _____
Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Deposit:

\$100 deposit is due at the time of camp registration. This deposit will be put towards camp tuition and supplies such as t-shirt as well as the trip to the Florida Holocaust Museum.

SUMMER CAMP TUITION & PAYMENT:

Summer program tuition fee is due by July 1, 2022. Payment may be made online at holocaustresources.org. Select “donate” then “Summer Program.

- **Camp Tuition is \$250.00 and includes an age appropriate book about the Holocaust, a T-shirt, transportation to and admission into the Florida Holocaust Museum. No refunds will be made for absences.**

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **HERC Summer Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **HERC Summer Program** and its affiliates.

Parent’s/Guardian’s Initials _____

The **HERC Summer Program** and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend **HERC Summer Program**, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2022 **HERC Summer Program**. In the event of any medical emergency, I authorize and consent for District to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor Phone Number

*Parent Signature

Contact Phone Number Date