

# M.O.V.E. WELL Respite Summer Camp Registration



Today's Date: \_\_\_\_\_

Return application by mail, email or in person to:

Excelsior Wellness, Attn: Demetrius Palmer, 3754 West Indian Trail Road, Spokane, WA 99208.

**After School Program Director | Demetrius Palmer**

Email: demetrius.palmer@excelsiorwellness.org | Main: (509) 559-3100 | Fax: (509) 328-7582

## PARTICIPANT INFORMATION

Please print and fill out completely.

Last Name	First Name	M.I.	Birth Date	Age	<input type="checkbox"/> M	<input type="checkbox"/> F
Address		City	State	ZIP	T-Shirt Size	
Incoming Grade <input type="checkbox"/> 5th - 8th Grade - Monday & Wednesday <input type="checkbox"/> 9th - 12th Grade - Tuesday & Thursday						

## PARENT/GUARDIAN INFORMATION

Mother's Name	Cell Phone	Work Phone
Father's Name	Cell Phone	Work Phone
Email address(s)		

## EMERGENCY CONTACT INFORMATION

<b>CONTACT #1</b> Last Name	First Name	Cell Phone	Relationship
<b>CONTACT #2</b> Last Name	First Name	Cell Phone	Relationship

## PARTICIPANT INFORMATION/INTERESTS

Does your child have any allergies, disabilities or other medical conditions? If yes, please explain in detail.

---

What type of recreational group activities would your child be interested in?  
(Example: Swimming, Sports, Zipline, EA Sports-Game Room Tournaments, Personal Fitness Training, Disc Golf)

---

What type of workshops would your child be interested in?  
(Example: Arts & Crafts, S.T.E.M. Robotics, Life Skills & Cooking, Writing for your Life Mindful Journaling, Group Fitness & Yoga)

## INFORMED CONSENT & ACKNOWLEDGEMENT

I hereby give my approval for my child's participation in any and all activities prepared by Camp Excelsior during the selected camp. In exchange for the acceptance of said child's candidacy by Camp Excelsior, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Camp Excelsior, and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Camp Excelsior, including all counselors and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all workshop and sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Camp Excelsior and its affiliates including directors, counselors, and staff to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

\_\_\_\_\_  
Signature of Responsible Adult

\_\_\_\_\_  
Date

For special accommodations, please contact us directly.

**May we use your photo/video image taken during activities for publicity purposes?**

Yes  No Initial here \_\_\_\_\_