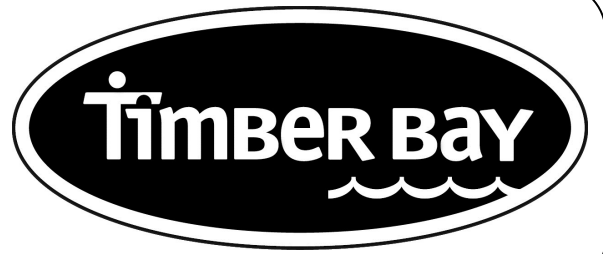


Timber Bay

Activity Registration Form



Student Information

Name _____ Birthdate _____ Graduates _____
 Address _____ Email _____
 City _____ ST _____ ZIP _____ Phone _____

Date of Last Tetanus _____ **Do You Swim?** Y / N **Do you wear contacts?** Y / N

(Note: A full current Immunization Record needed only for camps that are 5 or more consecutive days.)

Known Diseases or Conditions: (circle) Asthma, Heart Condition, Lung Condition, Kidney, Epilepsy, Diabetes, Immunosuppression. Any flu symptoms in last 7 days? _____

Other: _____

Difficulties: (circle) Nose Bleeds, Sore Throats, Colds, Headaches, Bowel Habits, Neck Injuries, Back Injuries, Menstrual Difficulties, Other: _____

Allergies: (including reactions to poison ivy, bee stings, etc) _____

Are you taking any medications? Y / N If yes, what? _____

Precautions: _____

Name of Family Doctor _____ Phone _____

Medical Ins. Co. (if none, please write NONE) _____ Policy # _____

The medical information on this form was last updated on: _____

CONSENT FOR MEDICAL TREATMENT (be sure to read reverse side)

As the parent or legal guardian of a participant in Youth Investment/Timber Bay programs, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

X _____ Date _____

PARENT/GUARDIAN AGREEMENT (be sure to read reverse side)

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with Youth Investment/Timber Bay activities. In consideration for Youth Investment/Timber Bay accepting the registrant for its programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify Youth Investment/Timber Bay, their employees and associated personnel, including it's directors and officers of the corporation, it's directors of facilities utilized for the programs, against any claim by or on the behalf of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

X _____ Date _____ Print Name _____

Parent/Guardian Consent
(Be sure to read reverse side)

Emergency Contact

EMERGENCY PHONE NUMBERS

Parent/Guardian: Name _____ **Parent/Guardian:** Name _____

Relationship: _____ Relationship: _____

(Phone) Text? Y/N _____ (Phone) Text? Y/N _____

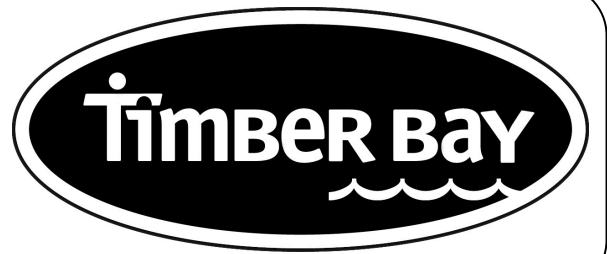
(Alt. Phone) Text? Y/N _____ (Alt. Phone) Text? Y/N _____

Email _____ Email _____

(be sure to read pages 2 & 3)

Timber Bay

Activity Registration Form



More Parent Information:

Timber Bay/YIF has taken reasonable care to try to make sure that all activities are conducted in a safe and reasonable manner. However, all physical activities involve some degree of risk. As Parents/Guardians, you should use your own common sense in deciding what activities your child should or should not participate in. For example. If your child is unable to swim, it would be wise to restrict your child from certain water activities - without further training. If your child is overweight or has some type of illness or physical ailment which could be made worse by physical activity, it may be wise to restrict your child from participating in such activity.

If there are any conditions not otherwise disclosed on this form that have a bearing on your child's health, welfare, or participation in physical activities, please notify us about any such conditions.

We also would like you to know that sometimes we take pictures and other media of youth involved in our activities. By signing this consent form on the front page you are allowing us the right to use these pictures of you or your child for publicity. **If you do NOT want your child's picture included in any event photo for publicity please initial here.** _____

We hope that all will have a safe and enjoyable experience in the various Timber Bay Activities.

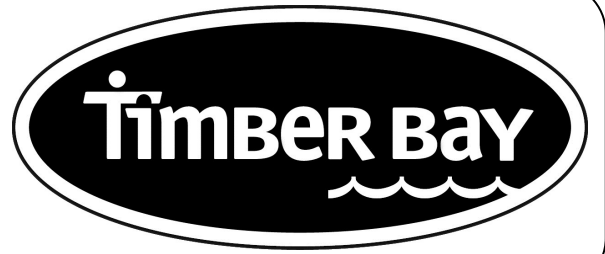
For more information on Timber Bay and its various activities, please visit our Website:
www.timberbay.org

The information on this form was last reviewed/updated:

Review Date:	Parent/Gaurdian Signature:

Timber Bay

Emergency Contact Info



In case of a family emergency, please first call your son or daughter's Timber Bay leader's cell phone.

Timber Bay Staff Contact Info:

Name: _____

Phone Number: _____

Email: _____

Timber Bay Staff Contact Info (Alternate):

Name: _____

Phone Number: _____

Email: _____

If your child is at Timber Bay Camp you may also call:

Timber Bay Camp's Host cell phone: (218) 831-4885

Timber Bay Camp's Kitchen phone: (320) 532-3200 ext. 17

Camp's General Mailbox phone: (320) 532-3200 ext. 10

Please keep this information sheet for your records or in case of an emergency.

Keep This Sheet