

Get REAL

Summer Youth Program Registration

I would like to participate in the 2022 Get REAL Summer Youth Program for Jackson youth (males and females) ages 10 - 15.

Participant

Name: (Please print) _____

Age: _____ Date of Birth: _____

Mailing Address (include zip code):

Parent/Guardian Child Lives with: _____

Phone (Cell): _____ Email: _____

Participant T-shirt size: Youth OR Adult S M L XL XXL

Has child participated in Get REAL in a previous year? If Yes, what year (s) did they attend? (Ex. 2018, 2019)
 Yes No _____

Are you willing to participate in a parent/guardian group text through an external app that will notify you with updates, information and changes regarding the program during the participant's participation in the program? (Ex. Running late from field trips, changes in arrivals/departures, reminders, etc.)

Yes No

Emergency Contact

Responsible Adult's Name: _____

Mother Father Other (Please specify) _____

Address: _____

Phone (Cell): _____

Email: _____

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Medical Information

Physician Name: _____ Phone Number: _____

Insurance Policy / Group #: _____

Health Insurance Company: _____

Company Contact Phone #: _____

Current Medications/Allergies
(Include Animal & Food Allergies) : _____

Any Behavioral Health Issues? Please circle YES or NO
If yes, what types of behavioral health issues does your child have?

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Parental Permission Transportation and Liability Waiver

I give permission for my child, _____, to:
(Please check off and sign where indicated):

— Participate in the Get REAL youth summer program being sponsored by the Jackson County Health Department

— Be photographed or videotaped for program purposes only;

— Be treated by Get REAL staff in case of a medical emergency:

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by the staff person in charge. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the adult in charge to secure proper treatment for my son/daughter.

Parent/Guardian Signature: _____ Date: _____

Contact Phone Number: _____

— Attend and participate in any program sponsored events and field trips:

I, as parent/guardian of the aforementioned minor(s), hereby consent and agree to hold harmless the County of Jackson, Jackson Public and Western School District transportation, St. Paul's Episcopal Church and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with, the aforementioned activities.

Parent/Guardian Signature: _____ Date: _____

___ I understand that under some circumstances there may be times where my child will be riding with a licensed adult driver/staff member in their vehicle. I also give my permission for my child to be transported on Western and Jackson High school busses to program sponsored field trips and events.

Parent/Guardian Signature: _____ Date: _____

___ I understand that my child may be dismissed from the program if they violate program rules or if their behavior is disruptive to the integrity of the Get REAL Program.

Parent/Guardian Signature: _____ Date: _____

— Participate in water activities such as swimming and kayaking.

Signature: _____ Date: _____

Please return to: Jackson County Health Department

Attention- Jeanette Lamphere

1715 Lansing Avenue

Jackson, Michigan 49202

Form can also be emailed or texted to:

jlamphere@mijackson.org (517) 206-2531

