Enrollment Form

Please Print or Type Clearly:

<table>
<thead>
<tr>
<th>Child's Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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Date of Birth | Age | Grade

Birth Gender: Male or Female

Please circle selection

T-Shirt Size | Please Circle Selection
YXS  YS  YM  YL  YXL  AS  AM  AL  AXL  AXXL

Other: __________________

Parent/Guardian Information

Mother's Name | Phone Number

Email: __________________

Father's Name | Phone Number

Email: __________________

***ALL Fees Paid are NON REFUNDABLE***

Parent/Guardian Signature: ___________________________ Date: _______________

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Emergency Contact Information

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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Photo Release Statement

I hereby give consent to allow myself, my child and or family permission to be photographed (still and or video film) for use by Youth Conversion, Salvation Army, its agents, successors and users of its service.

This consent form allows Youth Conversion and the Salvation Army to use my photo and or voice to further the aims of the agencies goals, education, and expansion of service provision, volunteer recruitment and fundraising for the organizations. I understand that my exact address and name will not be used in association with my photo.

The term and consent include possible uses of my photo, voice or video for printed material, displays, audio/visual presentations, radio and television, but are not limited to the same. The general public may see my photo, to further the mission and goals of Youth Conversion and The Salvation Army. I fully understand that I will not receive Compensation for the use of my photo, Voice and or information, either now or in the future and that this release requires no action or obligation, legal or otherwise, on the part of Youth Conversion or The Salvation Army, its agents, successors and users of its service.

Authorization Signature: ________________________________
Date: __________________
Medical Information

Does your child have any food allergies? _________ yes or _________ no
If yes, Please list the food allergies.

List possible steps to take for allergy reaction:

Does your child have any other allergies? __________yes or ___________ no
If yes, please explain.

List possible steps to take if there is a reaction:

Does your child have any medical, health conditions? _______ yes or_______ no
if yes, please explain.

Print Name of Primary Doctor:

Phone Number:

Address:________________________________________________________

City ___________________________ Texas, Zip Code____________________

I give consent for emergency treatment when my child is in the care of the Program,
Parent/Guardian Signature: ________________________________
Date: __________________________

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Medical Information – Continued:

Preferred Hospital: Please make your selection or provide the information:

__________________________Children’s Medical Center Dallas, 1935 Medical District Drive, Dallas, Texas 75235  (214) 456-7000

Name of Preferred Hospital: __________________________________________

Address______________________________________________________________

City __________________________ Texas, Zip Code________________________

Does your Child have medical Insurance? _______yes or _________no

If yes, Please list Insurance Carrier:

Name: ________________________________________________________________

Policy Number: _________________________________________________________

Phone Number: _________________________________________________________

Liability Waiver

I have read the completed application, and understand the rules of Youth Conversion, Incorporated and I request that my child be admitted into Membership of The All Star Summer Camp Program @ The Salvation Army Campus.

I hereby release and discharge Youth Conversion and Salvation Army, its directors, officers, employees, and volunteers from any and all responsibilities and liability for any injury, illness, or claim arising during the care of my child during camp @ The Salvation Army. I give permission for my child to be transported, by Youth Conversion’s Staff and or hired agents, or companies to and from all field trips, events and activities during the 2018 – All Star Summer Camp Program. I understand that safety measures will be taken to ensure the safety and health of my child.

I hereby Release Youth Conversion and The Salvation Army and owner or operator of any damages or injuries that might occur during authorized transportation and or trips. I recognize that by participating in events, activities, or trips there may be risk.

Parent/Guardian Signature: __________________________ Date: ______________

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Parent/Guardian Agreement

1. I agree that my child will abide by the rules and regulations set by Youth Conversion and or Salvation Army, during the All Star Summer Camp. I understand that failure to do so may result in suspension and or termination from the program.

2. I understand that my child or family may be terminated from the program if there are concerns for safety and well-being of the staff, program or other children. I understand that if my child or family is terminated from the Summer Camp they are not allowed to enroll into any other program services of Youth Conversion and or Salvation Army, for the time frame as specified for a minimum of 3 months.

3. I understand that in the event of an accident or emergency, medical care may be given to my child. I will be held responsible for related cost.

4. I understand that my child will not be allowed to leave the premises with an unauthorized person. All persons authorized to pick up my child must be on the Registration Authorized Release or Emergency Contact Form and must present a valid photo identification card or approved verification of identity.

5. I understand that Youth Conversion and or The Salvation Army Staff and or volunteers are not allowed to baby sit my child or transport my child in their own vehicle during or outside the All Star Summer Camp Program.

6. I understand that there is no tuition credit for holidays, absences, sick days, suspension days or family vacations. Summer Camp Fees are Non-Refundable.

7. I agree to pay the Summer Camp fee, and I understand that if the fee is not paid in full that a suspension of services will occur. I understand that late fees will be applied to accounts not paid in full or late. I understand that there is a late fee of $1.00 per minute for each child picked up after 5:30pm.

8. I have received and read a copy of Youth Conversion’s Parent Summer Camp Handbook and understand the rules and policies of the Summer Camp.

9. I have received and signed a Field Trip Form granting Youth Conversion permission to transport my child by qualified staff or contractors to all field trips, events and activities during the Summer Camp.

10. I understand that Youth Conversion nor the Salvation Army are responsible for lost, stolen or damaged personal items.
Authorized Release Form

Authorized Name: ________________________________
Relationship: ________________________________
Phone Number: ________________________________

Authorized Name: ________________________________
Relationship: ________________________________
Phone Number: ________________________________

Authorized Name: ________________________________
Relationship: ________________________________
Phone Number: ________________________________

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Relationship: ________________________________
Phone Number: ________________________________

Authorized Name: ________________________________
Relationship: ________________________________
Phone Number: ________________________________

Authorized Name: ________________________________
Relationship: ________________________________
Phone Number: ________________________________

Parent/Guardian Signature: ________________________________
Date: ________________________________
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Permission to Transport

I give permission for my child to be transported by Youth Conversion’s Staff or Contractual Agents (qualified drivers/contractors) to all field trips, events, or activities during the 2018 – All Star Summer Camp Program.

I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle, and is expected to follow the directions provided by the driver, staff, and or volunteers.

I have received, read and understand the Transportation Rules
All Children must wear their safety seat belts while traveling.

Children are expected to respect each other, and the vehicles that they are traveling in.

Children are to remain in their seats, during transportation and not be disruptive to the driver, others or the vehicle.

I recognize that Safety is priority during the All Star Camp, as with any activity, accidents or injury may occur.

I hereby agree to hold harmless, Youth Conversion,
The Salvation Army, its agents, boards, representatives, agents, officers, contractors, staff, employees, from any damages, demands or actions. I have read this entire Waiver - Transportation Form and I fully understand it, And agree to it.

__________________________  __________________
Parent/Guardian Signature          Date

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Welcome to the All Star Summer Camp. You are a part of an All Star Team! We are excited and energetic about the fun filled summer activities that will allow your star to shine and have a great time!

Tuesday, June 5, 2018 – Friday, August 10, 2018
Days/Time: Monday through Friday
  7:30am to 5:30pm
Location: Salvation Army – 1617 Jefferson Blvd.
          Dallas, Texas 75208

Summer Camp Fees are broken down into Monthly Installments as follows:
June 5th through June 29th = $325.00, includes $25.00 Registration Fee
July 1, 2018 through July 31, 2018 = $300.00
August 1, 2018 through August 10, 2018 = $130.00
Closed – On Wednesday, July 4, 2018 - Holiday

Field Trips are additional and will be posted, by May 31, 2018. Installments Are due on the 1st day of each month and late fees will apply to payments made after the 3rd day of the month.

Parent/Guardian Signature: ___________________________ Date: ______________________
Join our All Star Team!

Arts and Crafts, Games, Basketball, Soccer, Dance, Field Trips, Academic Enrichment, Ice Cream Parties! Fun and More Fun!

Ages: 5 Years – 12 Years

Professional and Experienced Staff

Register Now! Space is limited!

Camp Days: Tuesday, June 5, 2018 – Friday, August 10, 2018
Days/Time: Monday through Friday
7:30am to 5:30pm

Location: Salvation Army – 1617 Jefferson Blvd. Dallas, Texas

On Site Registration – Every Tuesday in May, 6:00pm to 7:00pm

Summer Camp Fee may be broken down into Monthly Installments as follows:
June 5th through June 29th = $325.00, includes $25.00 Registration Fee
July 1, 2018 through July 31, 2018 = $300.00
August 1, 2018 through August 10, 2018 = $130.00
Closed – On Wednesday, July 4, 2018 - Holiday

Field Trips are additional and will be posted, by May 31, 2018.

For Registration, Details and Information
Please call (469) 682-7123 or (469) 363-2660
www.youthconversion.org