

# 2025 Hand in Hand Registration Form

July 11

July 18

Please note that all youth campers must be accompanied by a designated adult who is staying for the day and experiencing camp Hand in Hand with their youth camper(s). If the adult is not the parent/legal guardian of the youth camper(s) with them, a signature from their parent/guardian will be required.

**Designated Adult:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Food Allergies/Dietary Concerns: \_\_\_\_\_

**Youth Camper #1:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Food Allergies/Dietary Concerns: \_\_\_\_\_

Grade in School as of May 1, 2024: PreSchool Kindergarten 1st Grade **Adult is parent? Yes No (if no, please complete below)**

Parent Name: \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Please list any medications this child is on and the reason they take them.

\_\_\_\_\_

Release Statement: I, as the above named parent/guardian, give permission for the above named youth camper to be at part of the Hand in Hand Camp. I grant permission for the designated adult to transport them to and from camp for the day as well as participate in the program alongside my youth camper. I give permission for any photo or video taken to be used for promotional purposes. I give permission for the designated adult or IOLBC staff to secure any emergency medical care until such time I am able to be reached and consulted. I agree to pay for any emergency care needed. I will hold harmless IOLBC, its staff, volunteers, board of directors, and the designated adult.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Camper #2:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Food Allergies/Dietary Concerns: \_\_\_\_\_

Grade in School as of May 1, 2024: PreSchool Kindergarten 1st Grade **Adult is parent? Yes No (if no, please complete below)**

Parent Name: \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Please list any medications this child is on and the reason they take them.

\_\_\_\_\_

Release Statement: I, as the above named parent/guardian, give permission for the above named youth camper to be at part of the Hand in Hand Camp. I grant permission for the designated adult to transport them to and from camp for the day as well as participate in the program alongside my youth camper. I give permission for any photo or video taken to be used for promotional purposes. I give permission for the designated adult or IOLBC staff to secure any emergency medical care until such time I am able to be reached and consulted. I agree to pay for any emergency care needed. I will hold harmless IOLBC, its staff, volunteers, board of directors, and the designated adult.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Camper #3:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Food Allergies/Dietary Concerns: \_\_\_\_\_

Grade in School as of May 1, 2024: PreSchool Kindergarten 1st Grade **Adult is parent? Yes No (if no, please complete below)**

Parent Name: \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Please list any medications this child is on and the reason they take them.

\_\_\_\_\_

Release Statement: I, as the above named parent/guardian, give permission for the above named youth camper to be at part of the Hand in Hand Camp. I grant permission for the designated adult to transport them to and from camp for the day as well as participate in the program alongside my youth camper. I give permission for any photo or video taken to be used for promotional purposes. I give permission for the designated adult or IOLBC staff to secure any emergency medical care until such time I am able to be reached and consulted. I agree to pay for any emergency care needed. I will hold harmless IOLBC, its staff, volunteers, board of directors, and the designated adult.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form with deposit (\$15 per person) to: IOLBC: Attn: Hand in Hand 1203 Inwan Street Milford, IA 51351**