



# SUMMER YouthShops! Registration 2018

Return to YouthShops! P.O. Box 109, Shawnee OH, 43782 or drop off at Pre-Registration events. You may also bring your signed registration on the Monday of YouthShops during the summer if space permits, but don't delay- registration is on a first come, first serve basis.

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Family Contact Phone #(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Family e-mail: \_\_\_\_\_ E-Mail Checked Daily: Yes( ) No( )

Please indicate which YouthShops! you would like to sign up for by checking the box. You may schedule both morning and afternoon sessions. To avoid empty seats, please only choose those you are reasonably certain you will attend.

## Register Now-All YouthShops @ Locations in Shawnee – Transit Available

Week	Date	YouthShop!	Location	Time	(√) Sign Up
1	June 11- June 15	Sport-A-Palooza	Nicofiber's Park	9:00am-Noon	
1	June 11- June 15	S.T.E.M.TASTIC	Nicofiber's Park	12:30 – 3pm	
2	June 18-June 22	Summer Camp 101	Tecumseh Commons	9:00am-Noon	
2	June 18 - June 22	T.B.D	Nicofiber;s Park	12:30 – 3pm	
3	June 25–June 29	Community Days	Tecumseh Commons	9:00am-Noon	
3	June 25–June 29	T.B.D	Nicofiber's Park	12:30 – 3pm	
4	July 2 - July 6 No Camp July 4	Tecumseh Totem's	Tecumseh Commons	9:00AM-12PM	
4	July 2 – July 6 No Camp July 4	Movie Mystery Mayhem	Tecumseh Commons	12:30 – 3pm	
5	July 9 – July 13	L.A.F.F. Camp (LC) *activities will be provided before & after L.A.F.F Camp	Nicofiber's Park	9:00am- 3:30pm	
6	July 16-July 20	Artist in Residence	Harigle Garage	9:00am-12pm	
6	July 16 – July 20	T.B.D	Nicofiber's Park	12:30 - 3pm	
7	July 23- July 27	Go Green with Art!	Harigle Garage	9:00AM-Noon	
7	July 23- July 27	Burr Oak Bound	Tecumseh Commons	12:30– 3pm	

### Photography Permission

Parent, please place initials here if you give permission for your child to be included in photos for publicity purposes (newspaper/YouthShops Web Site/Social Media). \_\_\_\_\_

**Medical Information-** If my child becomes ill or is injured at YouthShops! please contact:

Mother: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Other/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**I hereby give consent for the following medical care providers & local hospitals to be called in case of emergency:**

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Other: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that reasonable attempts to contact me have been made and been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by other licensed physician and for the transfer of my child to any hospital that is reasonably accessible.

**X Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any facts **concerning child's medical history, including allergies, medications being taken, diet precautions, or any physical impairment** to which a physician or YouthShops! staff should be aware below. Any other concerns or suggestions regarding your child that will be of help to us should also be listed here. Thank You!

**Transit Needs:** Please contact me about my child needing transportation to Shawnee from Perry County Transit: Yes( ) No( )

**Release of Liability-** I, as parent or legal guardian representing a minor participating in the YouthShops! program, agree to release Sunday Creek Associates, it's officers, employees, volunteers and program sites from any and all liability from accidents, injuries, loss and or damage to me, my child or the minor for which I am a guardian, or my property that may arise from our participation or presence at the activities of YouthShops! We are aware there are certain risks of possible dangers in participating in this activity. I have entered into this agreement of my own free will. I UNDERSTAND THAT THIS PROGRAM RELIES ON TANF FUNDS AND AGREE TO PROVIDE INCOME VERIFICATION FORMS TO BE CONFIDENTIALLY PROVIDED TO PERRY COUNTY JFS. IF OVER TANF ELGIBILITY INCOME, PLEASE SAY 'NOT APPPLICABLE' ON FORM!

**X Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank You!**