

Summer YouthShops! Registration 2021

Return to YouthShops! P.O. Box 13, Shawnee OH, 43782 or drop off at Pre-Registration events (Wed, June 9th 1:00 – 5:30pm & Saturday, June 12th 10:00am – 1:00pm at Tecumseh Theater). 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 _____ Parent/Guardian Name _____

Address: _____

Family e-mail: _____ Working Phone #: _____

Please indicate which YouthShops! you would like to sign up for by checking the box. . To avoid empty seats, please only choose those you are reasonably certain you will attend. Free Lunch is served daily 11:30am – 12:00pm at Shawnee Gazebo, Shawnee, OH for youth ages 0 - 18.

Week	Date	Location	Time	(√)+ Initials = Committed
1	June 14- June 18	Nico Park or Tecumseh Theater	9:00am- 12:00pm	
2	June 21- June 25	Nico Park or Tecumseh Theater	9:00am – 12:00pm	
3	June 28-July 2	Nico Park or Tecumseh Theater	9:00am- 12:00pm	
4	July 5 - July 9	Nico Park or Tecumseh Theater	9:00am – 12:00pm	
5	July 12 – July 16	Nico Park or Tecumseh Theater	9:00am – 12:00pm	

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.

Parent/Guardian Signature: _____ Date: _____

Thank You!

***Fill out back side too!

Shawnee YouthShops Permissions & Care Consent

Parent, please place initials here if you give permission for your child to be included in photos for publicity purposes. _____

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

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Other/Guardian: _____ Daytime 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.

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!

