

ISP Youth Camps, ITYS

We respect your privacy and will never share or sell your email address and information. The email address is for correspondence for the current registration only.

* Required

1. **Email address ***

2. **Camp Attending - All camps are Co-Ed ***

Mark only one oval.

- Vincennes Career Camp \$250
- Trine Career Camp \$250
- Ancilla College Career Camp \$250
- Vincennes Law Camp \$150
- Anderson Law Camp \$150

3. **Camper Last Name ***

4. **Camper First Name ***

5. **Date of Birth ***

Example: December 15, 2012

6. **Gender ***

Mark only one oval.

- Male
- Female

7. **Street Address ***

8. **City ***

9. **State ***

10. Zip *

11. County *

12. Shirt Size *

Mark only one oval.

S

M

L

XL

XXL

13. Parent/Guardian First and Last Name *

14. Parent/Guardian Phone Number *

15. Emergency Contact Name *

16. Emergency Phone Number *

17. Roommate Request (1 Request Only)

Medical Information

Camper medical information. Medical information will only be viewed by medical staff and staff caring for your child. ITYS will keep this information confidential.

18. Insurance Carrier *

19. Insurance Policy # *

20. Asthma Inhaler / Epipen

Mark only one oval.

Asthma Inhaler

Epipen

Both Inhaler & Epipen

21. Allergies and Medical Conditions *

Please list all medical conditions, allergies, medication and treatment staff should be aware of for the proper care of the camper.

22. Additional Information of Camper

Please share any information about your child's emotional or mental health that will aid us in their care while at camp. If there are any issues at home or additional stresses your child is enduring, please contact camp staff.

Liability / Waiver

This information is required to be reviewed and your initials are required to acknowledge and consent to these terms. A copy of this Liability Waiver will also be sent with your confirmation and must be returned with parent/guardian signature.

23. I/We give my permission for the camp nurse/designee for medical care, to give my child/ward his/her medication as listed and instructed, pursuant to Indiana Code 16-36-1. *

Mark only one oval.

- I agree
 I disagree

24. I/We, as Parent(s)/Guardian give my permission for my child to participate in ANY field trip or special event, conducted by the State Police, an agency of the State of Indiana, that might require such child to be taken off the Indiana State Police Camp University or Camp premises. *

Mark only one oval.

- I agree
 I disagree

25. If your camper has a serious injury or illness and we are unable to reach you, we need your permission for EMERGENCY treatment as recommended by the attending physician. I/We give my permission for Emergency treatment if needed and as a Parent/Guardian and I, Parent/Guardian assume all responsibility for any cost as a result of sickness or injury. *

Mark only one oval.

- I agree
 I disagree

26. **If your camper has a serious injury or illness and we are unable to reach you, we need your permission for Surgery treatment as recommended by the attending physician. I/We give my permission for Surgery treatment if needed and as a Parent/Guardian and I, Parent/Guardian assume all responsibility for any cost as a result of sickness or injury. ***

Mark only one oval.

- I agree
 I disagree

27. **I/We, as Parent(s)/Guardian, give my permission for the use of my child's photographs in camp promotional publications. ***

Mark only one oval.

- Yes
 No

28. **I/We, as Parent(s)/Guardian(s) do hereby release the State of Indiana, the Indiana State Police, and the Indiana Troopers Youth Services, Inc., its agents and employees from all actions, damages, claims or demands which I/We, my heirs, executors, administrators, or assigns may have against the above named agencies for all personal injuries known or unknown and injuries to property real or personal, caused by, or arising out of the above described activities or participation. I/We, the Parent/Guardian, the undersigned, have read this release and understand all its terms, we execute voluntarily and with full knowledge of its significance, pursuant to Indiana Code 16-36-1. ***

Name and Date

29. **Payment Submitted by: ***

Mark only one oval.

- PayPal
 Mailed Check to 8660 East 21st Street, Indianapolis, IN 46219

30. **Check # Mailed - Sponsored by**

Must include camper name and camp attending on check.

A copy of your responses will be emailed to the address you provided