

**The Union Foundation  
Summer Food & Enrichment Program  
Registration Form**

**Program will be located at Peoples Church, 220 William Howard Taft Road,  
Cincinnati, Ohio 45219, (513) 751-1066**

**June 6, 2016 – August 12, 2016 at 7:30 am – 5:00 pm**

Please complete and sign the attached three forms to confirm your permission for your child(ren) to participate in the summer food & enrichment program, which will include field trips, and having their picture taken during the program. By signing the photo release form you hereby agree that pictures taken may be used for promotional purposes. **Note: Attendance to one Parent's Orientation at 5:30 pm—8:00 pm on Friday, May 13 2016 or Monday May 16, 2016 or Friday May 20, 2015 at Peoples Church is mandatory to reserving your child's spot for the program. No child will be able to start the program until Parent Orientation is completed. Full cost of the enrichment program is \$1,000 per child which includes admission to all outings. \$500/child is due at Orientation for those who will be participating in the Meals and Enrichment program. Final \$500/child is due by 8 am on Friday, July 1, 2016. We are closed on July 4, 2016. (Ask about our Voucher Program) Program is FREE for Meals Only. Circle above which orientation you will be attending.**

PLEASE COMPLETE AND PRINT CLEARLY WITH BLACK OR BLUE INK

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_  
(Please print)

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_

PHONE#:(\_\_\_\_)\_\_\_\_\_ CELL PHONE#:(\_\_\_\_)\_\_\_\_\_

I HEREBY WARRANT THAT I AM OF LEGAL AGE AND I AM THE PARENT, LEGAL CUSTODIAN OR LEGAL GUARDIAN OF THE PARTICIPANT. I FULLY UNDERSTAND THAT I MUST PICK THE PARTICIPANT UP BY 5:00 PM UNLESS SOME OTHER ARRANGEMENT HAS BEEN MADE IN ADVANCE. I FURTHER UNDERSTAND THAT IF I AM LATE AND NO FURTHER ARRANGEMENT HAS BEEN MADE THAT I AM TO PICK UP THE PARTICIPANT AT THE CINCINNATI POLICE DEPARTMENT LOCATED AT 310 EZZARD CHARLES DRIVE, CINCINNATI, OHIO. PHONE: (513) 352-3536.

PARENT(S)/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DEADLINE FOR ALL FORMS TO BE TURNED IN BY May 13, 2016.**

- **REGISTRATION FORM AND PHOTO RELEASE LISTING ALL CHILDREN**
- **A MEDICAL AUTHORIZATION MUST BE COMPLETED FOR EACH CHILD**

**ALL FORMS MUST BE TURNED IN TO:**

Annette I. Bell, R.D., L.D., Program Director, (513) 981- 0421 or (513) 381-3858  
The Union Foundation, 405 West 7<sup>th</sup> St., Cincinnati, Ohio, 45203

All checks or money orders are to be made payable to: The Union Foundation  
Financial Assistance Available upon request and at completion of the application.

(Continue on the back page)

#1 NAME: \_\_\_\_\_ | | \_\_\_\_\_  
(child) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE: \_\_\_\_\_

PLEASE CHECK THE GRADE PARTICIPANT COMPLETED BY JUNE 1<sup>ST</sup>, 2015

K  1<sup>ST</sup>  2<sup>ND</sup>  3<sup>RD</sup>  4<sup>TH</sup>  5<sup>TH</sup>  6<sup>TH</sup>  7<sup>TH</sup>

#2 NAME: \_\_\_\_\_ | | \_\_\_\_\_  
(child) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE: \_\_\_\_\_

PLEASE CHECK THE GRADE PARTICIPANT COMPLETED BY JUNE 1<sup>ST</sup>, 2015

K  1<sup>ST</sup>  2<sup>ND</sup>  3<sup>RD</sup>  4<sup>TH</sup>  5<sup>TH</sup>  6<sup>TH</sup>  7<sup>TH</sup>

#3 NAME: \_\_\_\_\_ | | \_\_\_\_\_  
(child) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE: \_\_\_\_\_

PLEASE CHECK THE GRADE PARTICIPANT COMPLETED BY JUNE 1<sup>ST</sup>, 2015

K  1<sup>ST</sup>  2<sup>ND</sup>  3<sup>RD</sup>  4<sup>TH</sup>  5<sup>TH</sup>  6<sup>TH</sup>  7<sup>TH</sup>

#4 NAME: \_\_\_\_\_ | | \_\_\_\_\_  
(child) (FIRST) (MI) (LAST NAME)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE: \_\_\_\_\_

PLEASE CHECK THE GRADE PARTICIPANT COMPLETED BY JUNE 1<sup>ST</sup>, 2015

K  1<sup>ST</sup>  2<sup>ND</sup>  3<sup>RD</sup>  4<sup>TH</sup>  5<sup>TH</sup>  6<sup>TH</sup>  7<sup>TH</sup>

**T-Shirt Size: Please circle and specify for whom if registering more than one child**

**Adult:** Small Medium Large 1X 2X Other: (Specify) \_\_\_\_\_

**Child:** 4 - 6 7 - 8 9 - 10 11 - 12 14 - 16 Other: (Specify) \_\_\_\_\_

Does your child have a **bike or skate board**? Yes No

Does your child have a **helmet**? Yes No

# MEDICAL EMERGENCY FORM OF PARTICIPANT

NAME: \_\_\_\_\_  
(FIRST NAME) (MI) (LAST NAME)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE(\_\_\_\_) \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_ PLAN NO. \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE NO:(\_\_\_\_ ) \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE NO:(\_\_\_\_ ) \_\_\_\_\_

IS PARTICIPANT ALLERGIC TO ANY FOODS OR MEDICINES? YES \_\_\_ NO \_\_\_ IF YES PLEASE LIST :

\_\_\_\_\_

IS PARTICIPANT PRESENTLY TAKING ANY MEDICATIONS? YES \_\_\_ NO \_\_\_ IF YES PLEASE LIST:

\_\_\_\_\_

ANY ACTIVITY PARTICIPANT SHOULD NOT PARTICIPATE IN? YES \_\_\_ NO \_\_\_ IF YES PLEASE LIST :

\_\_\_\_\_

IS PARTICIPANT'S IMMUNIZATIONS UP TO DATE? YES \_\_\_ NO \_\_\_

DATE OF LAST TETANUS \_\_\_\_\_

## PLEASE CHECK IF PARTICIPANT HAS OR HAD ANY OF THESE CONDITIONS:

- |                                       |   |  |                                   |
|---------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> HEART ATTACK | <input type="checkbox"/> HYPERTENSION           | <input type="checkbox"/> ASTHMA        | <input type="checkbox"/> STROKE   |
| <input type="checkbox"/> POSITIVE HIV | <input type="checkbox"/> DIABETES               | <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> SEIZURES |
| <input type="checkbox"/> ADD/AHD      | <input type="checkbox"/> OTHER MENTAL DIAGNOSIS |  |                                   |

OTHER \_\_\_\_\_

## EMERGENCY NOTIFICATION

IN CASE OF ILLNESS, NOTIFY: (PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ CELL/PAGER PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ REALTIONSHIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ CELL/PAGER PHONE (\_\_\_\_) \_\_\_\_\_

**(Continue on the back page)**

# MEDICAL EMERGENCY FORM CONTINUE

## EMERGENCY MEDICAL AUTHORIZATION

**PURPOSE:** TO AUTHORIZE EMERGENCY TREATMENT IF YOUR CHILD IS INJURED OR BECOMES ILL AND REQUIRES MEDICAL TREATMENT. THIS AUTHORIZATION DOES NOT GRANT PERMISSION FOR NON-EMERGENT SURGERY.

I HEREBY GIVE MY PERMISSION TO THE UNION FOUNDATION, UNION BAPTIST CHURCH, AND/OR WHOLE AGAIN INTERNATIONAL TO TRANSPORT MY CHILD TO ANY HOSPITAL/MEDICAL FACILITY THAT THE PROGRAM ADMINISTRATOR DEEMS REASONABLY ACCESSIBLE. THE PROGRAM STAFF WILL IMMEDIATELY ATTEMPT TO NOTIFY THE PARENT/CUSTODIAN/GUARDIAN OF THE PARTICIPANT'S TRANSPORT TO A MEDICAL FACILITY. I HEREBY AUTHORIZE AND CONSENT TO ANY X-RAY, EXAMINATION, ROUTINE TESTS, TREATMENT AND HOSPITALIZATION WHICH MAY BE DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST. IT IS UNDERSTOOD THAT EVERY EFFORT SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO TREATMENT OF THE PARTICIPANT, BUT IF THE UNDERSIGNED CAN NOT BE REACHED, IT IS UNDERSTOOD THAT TREATMENT WILL NOT BE WITHHELD. THE UNDERSIGNED AGREES NOT TO HOLD THE UNION FOUNDATION, UNION BAPTIST CHURCH, WHOLE AGAIN INTERNATIONAL AND THEIR EMPLOYEES, AGENTS, PRINCIPALS, OFFICERS, DIRECTORS, SUCCESSORS, DESIGNEES OR ASSIGNS LIABLE FOR ANY INJURY WHICH MAY OCCUR FROM THE EVALUATION AND TREATMENT OF THE PARTICIPANT AND FOR THE EXERCISE OF AUTHORITY AS GRANTED TO THE ABOVE IN THIS MEDICAL RELEASE.

THE UNDERSIGNED AGREES TO REIMBURSE THE UNION FOUNDATION, UNION BAPTIST CHURCH, WHOLE AGAIN INTERNATIONAL FOR THE COSTS OF ANY AND ALL MEDICAL EXPENSES INCURRED BY THOSE ENTITIES FOR THE CARE AND TREATMENT OF THE PARTICIPANT. THE UNDERSIGNED AGREES TO RELEASE ANY RECORDS NECESSARY FOR THE PURPOSE OF PROCESSING MEDICAL/DENTAL INSURANCE CLAIMS.

THIS RELEASE SHALL REMAIN EFFECTIVE FOR THE DURATION OF 2015 PROGRAM YEAR.

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS FORM MUST BE COMPLETED FOR EACH INDIVIDUAL PARTICIPANTS  
IN THE PROGRAM (ONE FORM FOR EACH CHILD)**

## Consent to Use Photo/Film/Videotape/Voice Reproduction/Verbal Quote

I hereby grant to The Union Foundation, or any of its agents, the right and permission, in respect of the photographs and video which The Union Foundation or its agents have taken of me or my children, or in which I/we may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name, my children's names, and any statement made by me or my children, in connection therewith if The Union Foundation or any of its agents so chooses.

I have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a Legally Binding Agreement, which I have read and understand.

Parent/Custodian/Legal Guardian's **Signature:** \_\_\_\_\_

**Printed Name of Participant (s) :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**THIS FORM MUST BE COMPLETED FOR ALL PARTICIPANTS IN THE PROGRAM,  
IF YOU HAVE MORE THAN ONE CHILD IN THE PROGRAM  
include all their names on this form**