



Character\*Honesty\*Appreciation\*Manners\*Principals\*Self-Esteem  
A One Day event for 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> grade boys only!

**Participant Information:**

Student Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

**Adult** Shirt Size: \_\_\_\_\_

**Parent Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ (primary)

\_\_\_\_\_ (secondary)

**Alternate Person in case of Emergency:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Allergies and/or medications:** \_\_\_\_\_

\*\*\*\*\*In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby give my consent for administration of treatment deemed necessary by:

Dr. \_\_\_\_\_ (physician) Phone Number: \_\_\_\_\_

Dr. \_\_\_\_\_ (dentist) Phone Number: \_\_\_\_\_

Or in the event the designated preferred Doctor is not available, by another licensed physician or dentist and any hospital reasonably accessible.

Authority in charge of the student is authorized to make these decisions necessary to the health and safety of the child. The authorization does not cover major surgery unless medical opinion of two other licensed physicians or dentists, concurring the necessity for such surgery are obtained prior to the performance of each surgery. Muskingum Behavioral Health, Ohio University/Zane State and other affiliates with the program will not be held liable for any injuries or accidents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Participant Pledge**

\*\* I agree that I will not use tobacco, alcohol or any other illegal drugs at C.H.A.M.P.S, and I will not bring any weapons onto the premises. I also agree to abide by the set rules, and respect the rules of the hosting facility. I understand that if I choose not to comply with any of the above, my parents will be called and I will be sent home immediately without a refund. I also understand that I am responsible for any damages to the facility and/or materials due to my inappropriate behavior.

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Participant Signature

### **Parent Authorization**

\*\* I hereby make application for enrollment of my child in C.H.A.M.P.S.-A One Day Event for boy's subject to the conditions set forth in this contract and health form.

\*\* I give permission for my child to participate in all workshops and activities, including walking to other buildings on campus/ Muskingum Rec. Center fieldtrip.

\*\* I give permission for photographs and/or video footage of my child to be taken and used for further promotional purposes for the C.H.A.M.P.S camp.

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Parent Signature

**The cost of the C.H.A.M.P.S Camp is \$15 per boy. Cash, check or money orders are accepted for payment. Make out to MBH with C.H.A.M.P.S in memo and mail with application to:**

**Muskingum Behavioral Health  
C.H.A.M.P.S  
601 Underwood St. Zanesville Ohio 43701.**

**\*\*\*\*\*Payment must be sent with application by Friday May 25!**

**Please wear/Bring**

**\* comfortable clothes (school appropriate)**

**\*tennis shoes**

**\*swimwear for water activities**