



Sensitivity**Tolerance*Attitude*Responsibility*Self-Esteem*
A summer Camp for young women

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 S.T.A.R.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.

Participant Signature

Parent Authorization

** I hereby make application for enrollment of my child in S.T.A.R.S.-A Summer Camp for Young Women 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 S.T.A.R.S. Camp.

Parent Signature

The cost of the S.T.A.R.S. Camp is \$20 per girl. Cash, check or money orders are accepted for payment. Make out to Muskingum Behavioral Health with STARS in memo and mail with application to:

**Muskingum Behavioral Health
S.T.A.R.S. Camp
1127 W. Main St. Zanesville Ohio 43701.**

*******Payment must be sent with application by Friday May 3rd!**