

106 RESCUE WING
2015 GALAXY CAMP
Registration

10 – 14 August 2015 from 0800-1600

Participants Name:	Preferred Name for Nametag:
Parent/Sponsor Name:	
Unit: Rank Unit Extension Number:	
Address:	
Phone:	Alternate Phone:
Age: Date of Birth: Grade in Sept:	T-Shirt Size (adult size shirts): circle one Medium Large
Is there anything special you would like the Program Staff to know about your child?	

STATEMENT OF VOLUNTARY PARTICIPATION, LIABILITY RELEASE, UNDERSTANDING AND AGREEMENT

I acknowledge that my child is voluntarily choosing to participate in the GALAXY CAMP '15 Youth Program from 10-14 August 15 from 0800-1600, with my consent. This program is designed for "hands on" activities, teamwork, self-confidence, and visits to military work areas. There will also be an off base trip in which we will utilize the base buses. I acknowledge that I have been informed of the risks involved in such activities, and I agree not to hold the US Government, the New York National Guard, the National Guard of the United States, its employees, the GALAXY CAMP '15 Youth Program personnel, agents, or representatives ("released parties") liable should injury/death or disability result from my child's participation in the GALAXY CAMP '15 Youth Program as a result of passive or active negligence of the released parties. I take full responsibility and legal liability for any damage to government or GALAXY CAMP '15 Youth Program property caused by my child.

I understand that at Galaxy Camp '15 the Airman & Family Readiness Program Manager reserves the right to *terminate* the participation of my child at any time when it is deemed to be in the best interest of either the child or program.

I give consent for my child to be photographed during participation for base public affairs, program history, and other such related media matters.

I acknowledge that I, _____ acting as legal parent/guardian of _____ have read the above statements, agree to the aforementioned releases and conditions, and grant permission for him/her to participate in the Galaxy '15 Youth Program.

Signature of Parent/Guardian

Date

**106 RESCUE WING
2015 GALAXY CAMP
Emergency Health Form
10-14 August 2015**

Participant Name:	
Parent/Sponsor Name:	
Unit: Rank:	Unit Extension Number:
Address:	
Phone:	Alternate Phone:
Please list any health problems the GALAXY Staff should be aware of:	
Please list any known allergies:	
Please list any medications your child is currently taking:	
Please provide any specific instructions you would like us to follow in case of an illness or accident:	
Health Insurance Company:	
Policy Number:	Dr. Name:
Alternate Emergency Contact Name:	
Phone:	Relationship to child:
Alternate Emergency Contact Name:	
Phone:	Relationship to child:

In the event of an accident, illness or injury, and the above persons cannot be reached I hereby give the 106th Rescue Wing , GALAXY Camp Program personnel permission to take action deemed necessary and in the best interest of my child. The camp dates are 10 – 14 August 2015 from 0800-1600.

Signature of Parent/Guardian/Date

Signature of Witness/Date