Tomorrow's Titans Registration Form

Name Age School

Address

Parent’s Phone Camp

Zip

Student’s email Parent’s email

Select Program:

Youth Ages 14-18

Young Adults Ages 19-24

1st Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_Work Phone:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_Relationship:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_ \_ \_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child resides with: 1st Parent \_\_\_\_\_\_ 2nd Parent \_\_\_\_\_\_ Guardian \_\_\_\_\_\_ Both \_\_\_\_\_\_ Other \_\_\_\_\_\_

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special instructions, must be discussed personally with the Program Manager. All information will be kept

confidential.

Please list any other information you’d like to include about your camper or yourself:

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

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 Parent Authorization Form



## Please print all information clearly

Name of Student: Today's Date

Tomorrow's Titans does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Tomorrow's Titans reserves the right at its sole discretion to refuse an application or dismiss a child from program.

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature:

I give Tomorrow's Titans permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Tomorrow's Titans and can be used for promotional purposes without notification.

Parent/Guardian's Signature:

I give permission for Tomorrow's Titans to transport my child for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature:

I authorize the program management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the participant involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature:

Hospital preferred

By signing below I agree to adhere to all the Policies and Procedures set for by Tomorrow's Titans and Welfare Reform Liaison Project, Inc.

Parent/Guardian's Signature:

 Student’s Medical Information Form



## Please print all information clearly

The medical background of each participant is required as part of the program's registration process. The Program Manager must be advised in writing of any condition that would limit the participant's ability to participate in any program.

Child’s Name Date of Birth

Child’s Pediatrician’s Name Phone number

Date of last physical

Date of last tetanus shot

Medical conditions

List of past medical treatments

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while in the program? Yes/No

## If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child’s name on it on the first day that they attend the program.

Allergies: (Please put N/A if your child does not have an allergy)

Food Medication Insect Other

Does your child require an Epi-pen? If yes, you must provide the program with an Epi-pen to be kept by the program administrators during your child’s enrollment. Epi-pen must be accompanied with a current prescription and a doctor’s note.

Specific Activities to be restricted for health reasons:

The Tomorrow's Titans and Welfare Reform Liaison Project, Inc. Application (to determine eligibility)

You want to join our Program! This form is designed to help us determine if you are eligible to participate in our program. Please fill out a new form for every child going to camp.

Student Name Age School

Address Zip

Parent’s Phone \_\_\_\_\_\_\_\_ (home) (mobile)

Parent(s)/Guardian Name(s)

**Select Program:**

**YOUTH YOUNG ADULT**

## Please attach a copy of one of the following:

IRS 1040 SSI Allocation Statement Two most current pay stubs

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Household Income** |  | | |
| Are you employed? | Yes | No | $ /month |
| Is your spouse employed? | Yes | No | $ /month |
| Do or your spouse receive unemployment? | Yes | No | $ /month |
| Do you receive Social Security Benefits? | Yes | No | $\_\_\_\_\_\_\_\_\_/month |
| Do you receive Spousal Support? | Yes | No | $ /month |
| Do you receive Child Support? | Yes | No | $\_\_\_\_\_\_\_\_/month |
| Do you receive Food Stamps? | Yes | No | $\_\_\_\_\_\_\_\_\_/month |
| Do you receive Veterans benefits? | Yes | No | $ /month |
| Do you receive Disability benefits? | Yes | No | $ /month |

Do you have a financial need or special situation that cannot be explained by filling in the above information? If

so, please explain:

I certify that the information on this form is true, accurate, and complete to the best of my knowledge. I am responsible for notifying Tomorrow's Titans in writing of any changes in the information supplied in this application that might affect my student’s scholarship eligibility.

## Parent or Guardian Signature Date

Welfare Reform Liaison Project, Inc. [www.wrlp.net](http://www.wrlp.net/)

336-691-5780