

YOUTH INFORMATION

Name of Youth

Date of Birth

Any problem areas which Camp staff should be aware of, such as drugs, alcohol, tobacco, stealing, lying, running away, setting fires, etc.?

How does the youth get along with adults (relationship to authority)? _____

How does the youth get along with peers (social skills, leader/follower, etc.)? _____

What are youth's interests and hobbies? _____

Has the youth ever been hospitalized for drug, alcohol, or emotional problems? _____

Did the youth complete program successfully? _____

Is the youth currently in counseling? _____ If so, why? _____

Does the youth exhibit violent behavior (threatening, fighting, etc.)?

Is the youth currently on medication? _____ If so what type? _____

Has the youth ever attended a Florida Sheriffs Youth Ranch program (Project Harmony, Summer Camp, Mobile Camp?) _____

Additional comments regarding the youth: _____

T-shirt size choice: YL S M L XL 2X 3X

Do you give permission for the camper to be photographed and participate in social/public media activities? Yes No

Person Completing Form

Date



**FLORIDA SHERIFFS YOUTH RANCHES, INC.
CAMPING SERVICES**

Program and Transportation Release

Name of Camper _____ Date of Birth _____

Name of Parent/Guardian _____ Cell Phone _____

Address _____ Home Phone _____

City, State, & ZIP _____ Work Phone _____

Medical Insurance Company: _____

Policy # _____ Authorization Phone _____

ADDITIONAL EMERGENCY CONTACTS:

Name _____ Phone _____

Name _____ Phone _____

As parent/guardian, I hereby agree to give the Florida Sheriffs Youth Ranches, Inc.:

- authority to make decisions regarding medical problems and plans for treatment
- permission to transport my child and release the Florida Sheriffs Youth Ranches, Inc., and private parties providing camp transportation from all liability.

AGREED BY _____ **DATE** _____
(Signature of Parent/Legal Guardian in presence of Notary)

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared the said _____, who states that he/she executed the above instrument of his/her own will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Signature of Notary Public, State of Florida

Print, Type, or Stamp Commissioned Name of Notary

NOTARY SEAL

Personally Know _____ or Produced Identification _____

Type of Identification Produced _____

Florida Sheriffs Youth Ranches Camping Services Camper Registration Contract
1170 Youth Camp Lane, Pierson, FL 32180 ♦ 386.749.9999

Family Information

Parent/Guardian Name _____

Address _____

City, State, ZIP Code _____

Camper Information

Camper Name _____

Gender _____

Date of Birth _____

Terms and Conditions

I hereby agree:

1. Not to hold the Florida Sheriffs Youth Ranches, Inc., or staff responsible for illness or injury.
2. To give permission to participate in approved camp activities including but not limited to initiative problem solving, canoeing, hiking, challenge course, high ropes course, team-building, team sports, archery, swimming, and classroom setting activities (except as authorized by doctor's orders).
3. To give the Florida Sheriffs Youth Ranches, Inc., permission to resolve behavioral issues.

NOTICE OF PRIVACY RIGHTS FOR YOUTH

This notice describes how health information about you may be used and disclosed, and how you can get access to your protected health information. The Florida Sheriffs Youth Ranches, Inc., is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding our youth and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies them. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our agency concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We may use and disclose your PHI in the following ways: treatment, payment, health care operations, release of information to family/friends, disclosures required by law, public health risks, health oversight activities, lawsuits, and other similar proceedings, law enforcement, research, serious threats to health or safety, military, and national security. You have the right to confidential communication, requesting restrictions, inspection and copies, amendment, accounting of disclosures, right to paper copy of this notice, right to file a complaint, and the right to provide an authorization for other uses and disclosures. For a more detailed description of the Notice of Privacy Rights for Youth, you may contact the Privacy Officer at the Florida Sheriffs Youth Ranches, Inc., PO Box 2000, Boys Ranch, FL 32064, Phone 386-842-5501.

Parent/Guardian Signature _____

Date _____

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For Office Use

Date Received _____

Session _____

APP WTL RJC

By _____