



RESTORING LIVES BE B.L.U.E PROGRAM

"Healing Families Emotionally, Financially, Mentally, Physically, and Spiritually"

Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Youth Social Sec. #: _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Native American ___ Other: _____

If Native American, Please provide tribe: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Annual Family Income: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Medical History

Name of Primary Care Physician: _____ Phone No.: _____



Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?
Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Therapist's Agency: _____

Please read this carefully before signing:

Restoring Lives Be B.L.U.E Program appreciates you and your child's interest in his/her becoming a camper. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Restoring Lives Be B.L.U.E. Program.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in Restoring Lives Be B.L.U.E. and its related activities.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the camp relationship.

_____ I release the Restoring Lives Inc. of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Restoring Lives' mentors, program staff, or other representatives, both collectively and



individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Restoring Lives to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Please return application to:

Restoring Lives, Inc., 301 West Main, Ste 402 Ardmore, OK 73401 OR

Fax: 855.423.278 OR

Email: office@restoringlivesnow.org