

OEC 2009 Fall CAMP STAFF REGISTRATION/LIABILITY WAIVER

This form registers you for the 2009 Fall Emergency Care Workshop to be held in Amery, WI 10/22/09 to 10/26/09.

Registration is due 10/14/09.

***Early bird staff price - \$110 (all staff now same price!) \$140 After**

Return To: SLPHS OEC, 8001 Able St NE, Spring Lake Park, MN 55432. **763-785-5556**
or Osseo OEC, 317 2nd Ave NW, Osseo, MN 55369. **763-391-8519**

Student Intern Student Leaders General Staff Instructional Staff

Name: _____ Age: _____ M F DOB: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____ Work Phone: _____

Doctor or Clinic: _____ Phone: _____ Hospital: _____

Insurance Information:

Name of insurance company: _____

Insurance #: _____

Parents/Guardians/Insured policy holder: _____

Medical History:

1. List allergies _____

2. Medications used _____

3. Chronic Illness: (Diabetes, Seizures, Etc.) _____

4. Physical/emotional needs that may need special attention? _____

5. Any other comments/instructions? _____

*****All of the above information is confidential, and will only be seen by authorized personnel*****

Sponsor Osseo OEC SLP OEC Other _____

School attending _____ Grade level _____

Certification/Level of training:

CPR First Aid First Responder EMT - Level B I D P Other _____

Arrival With the Bus or Date _____ Time _____

Departure With the Bus or Date _____ Time _____

Notes regarding arrival and departure _____

In the unlikely event that _____ (name of participant) is injured or ill, I give Bill Neiss or a member of the OEC staff permission to seek treatment and medical care at the nearest medical facility. I understand that I will be notified as soon as possible in the event of any injury or illness. I also agree to hold Independent School District 16 or any other participating school districts, it's personnel, staff, or designated officials harmless in event of accident to myself or my son or daughter. I also agree to notify the appropriate personnel if there are any changes in the above information.

Parent's signature (if participant is under 21) _____ Date _____

Participants signature _____ Date _____

Registration is not final until you have paid in full

Office use only: Registration/Liability waiver _____ Pd in full _____

Staff: Credentials _____ Tasks volunteered for _____ Program Application _____ Attended Leadership meeting _____