

Complete Family Information Registration Form and a Participant Information Form **for each adult and each child** who will attend PWS Family Day at The Painted Turtle camp on Saturday, March 13, 2010

Return Registration Form to Prader-Willi California Foundation by March 1, 2010
 Mail to PWCF, 514 N. Prospect Avenue, Suite 110-Lower Level, Redondo Beach, CA 90277
 or Fax to 310-372-4329

This is a 4 page form. You must complete ALL 4 pages

FAMILY INFORMATION

Name of Parent(s) participating in PWS Family Day at The Painted Turtle	
First Name of Mother:	Last Name
First Name of Father:	

Home Address Information		
Street Address	City/State	Zip

Telephone / Email Information		
Home	Cell	Email

Emergency Contact Information		
Name	Relationship	Phone

Names, Family Status, Date of Birth (DOB) and Sex of Each Camp Participant

Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child with PWS	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female

PARTICIPANT INFORMATION: MEDICAL HISTORY/PROFILE

Parents/guardians of persons applying to attend Prader-Willi California Foundation's PWS Family Day at The Painted Turtle camp must **complete both pages for each child (please make copies for each child) as well as for each adult** to assure the safety and well being of all camp participants. Authorization and Release of Liability (page 4) can list all of your children.

Name of person participating in PWS Family Day at The Painted Turtle					If the person has PWS:	
First name	Last name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	PWS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height	Weight

Telephone and address of person with PWS if different from registration page 1:

Telephone Number	Address	City/State	Zip
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Medications/Medical Concerns

Please list ALL medications person is currently taking (Name and Strength (e.g. Prozac, 20mg)).	
Please list ALL medical conditions this person experiences or has experienced in the past:	
Is this person Diabetic? Yes No If Yes: Can this person perform his/her own Accuchecks? Yes No Can this person administer own injections? Yes No	
Any serious allergies or allergic reactions? Yes No Allergic to: How severe are reactions?	
Name of Physician:	Medical Insurance Carrier/Medicaid/Medicare:
Phone (include area code):	Policy Number:

Immunizations

Please review our Immunization Requirements. Adult applicants, please answer the following questions. If under 18 years old, please attach a copy of Immunization Records.
Has the above-named individual ever had chickenpox? Yes No Date (if known):
Has the above-named individual received the varicella/chicken pox vaccine (2-dose series)? Yes No
Has the above -named individual received the measles, mumps, and rubella (MMR) vaccine (2-dose series)? Yes No
Date of last Tetanus shot:

Low calorie meals are provided for all participants. Please DO NOT bring supplementary food items for any campers with the exception of extreme allergy cases. Does this person have other special dietary requirements? (e.g., Diabetic diet or lactose intolerance) If yes, please complete the Dietary Considerations Form.
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No food items of any kind may be brought into the camp area by any participants. No exceptions!
Purses, backpacks and other personal items shall remain locked in the family's vehicle throughout the day.

AUTHORIZATION and RELEASE OF LIABILITY

ATTENTION! PARENT/GUARDIAN MUST SIGN THIS FORM!

Unsigned forms constitute incomplete forms and will disqualify application! If parent is the guardian and is not easily accessible to providers, please call parents, read the form and get their permission to sign on their behalf. Sign your name in the line below.

All persons applying to attend PWS Family Day at The Painted Turtle must be authorized to participate by the signature of a parent or legal guardian on this form. Please make copies if additional forms are needed.

Name of person with PWS participating in PWS Family Day at The Painted Turtle

FIRST NAME	LAST NAME	AGE
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Name(s) of siblings participating in PWS Family Day at The Painted Turtle

FIRST NAME	LAST NAME	AGE
FIRST NAME	LAST NAME	AGE
FIRST NAME	LAST NAME	AGE

Each person signing below represents and warrants as follows: I represent and warrant to you that I understand that participating in PWS Family Day at The Painted Turtle will require walking and other physical exertion on the part of the participants, and I represent and warrant to you that the above named person(s) are physically and mentally able to participate in PWS Family Day, and that there are no medical or physical conditions that would prevent her/his/their participation, and I further acknowledge that there may be no medical personnel in attendance with the participant in this program, and I agree to assume the risks inherent and involved with a person with Prader-Willi syndrome participating in such a program, and I hereby affirm that I have been well advised and thoroughly informed of the inherent and potential dangers of travel.

By signing this Authorization and Release of Liability, I certify that I am cognizant of those basic risks and dangers, and I understand and agree that neither the following agencies, organizations, institutions, and/or their sponsors: Prader-Willi California Foundation (PWCF), their officers, servants, agents, employees, or volunteers may be held liable in any way for any occurrence in connection with this event that may result in injury, death, or other damages to my self/child/children, or other members of my family, and I personally assume all risks in connection with said program/event, transportation, use of materials, buildings, and environment, for any harm, injury, or damage which may befall my self/child/children or other members of my family while participating in said program, including all risks connected herewith, whether foreseen or unforeseen; and further to save and hold harmless said program and persons from any claim(s) by me or my family, estate, heirs or assigns, arising out of my child's/children's enrollment and participation in said program, and I am fully informed of the contents of this Authorization and Release of Liability by reading it before placing my signature thereon. I do hereby grant permission for the above named person(s) to participate in PWS Family Day at The Painted Turtle sponsored by PWCF.

PWCF may be videotaping and photographing portions of the camp experience. The images may be used by PWCF in various informational literature. Permission to photograph, and waiving of any rights to compensation, is assumed unless indicated here. The participants may also be participating in a photograph craft project and/or activity, which may be displayed during the day and then taken home. I do NOT wish my child(ren) to be photographed.

Responsible Party(ies): Telephone _____ Date _____

Printed Name(s) of individual(s) accompanying camper to PWS Family Day _____

Signature(s) of Parent(s)/Guardian(s) _____