

PLUMBING-HEATING-COOLING CONTRACTORS GA ACADEMY, INC.
Youth Summer Plumbing Camp Registration Form

Participant #1

First: _____ Middle: _____ Last: _____
Gender: Male Female Other: _____ Date of Birth: _____ Age: _____
Street Address: _____ Town/City: _____ State: _____ Zip Code: _____
School Name: _____ Last Grade Completed: _____

Participant #2 (If Applicable)

First: _____ Middle: _____ Last: _____
Gender: Male Female Other: _____ Date of Birth: _____ Age: _____
Street Address: _____ Town/City: _____ State: _____ Zip Code: _____
School Name: _____ Last Grade Completed: _____

Participant #3 (If Applicable)

First: _____ Middle: _____ Last: _____
Gender: Male Female Other: _____ Date of Birth: _____ Age: _____
Street Address: _____ Town/City: _____ State: _____ Zip Code: _____
School Name: _____ Last Grade Completed: _____

Participant #4 (If Applicable)

First: _____ Middle: _____ Last: _____
Gender: Male Female Other: _____ Date of Birth: _____ Age: _____
Street Address: _____ Town/City: _____ State: _____ Zip Code: _____
School Name: _____ Last Grade Completed: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First Name: _____ Last Name: _____
Street Address: _____ Town/City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell phone: _____
E-mail: _____
Occupation: _____ Employer: _____

Parent/Guardian #2

First Name: _____ Last Name: _____

Street Address: _____ Town/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail: _____

Occupation: _____ Employer: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Relation to Participant: _____

Emergency Contact #2

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Relation to Participant: _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Terms of Agreement / Photo Release

PHCC and its partners occasionally use images of Academy Students for the promotion and marketing of training programs and/or the PHCC Association of Georgia or PHCC Georgia Academy, Inc. Please read and complete the form only if you consent to usage as described. If you do not consent to this Photo Release Form, you must make it known to any photographer and the PHCC staff of your personal requirement to not be photographed.

I am willingly having my picture taken and/or my voice recorded and grant you permission to use my picture, my voice and physical surroundings without restriction for the purposes of this project, be it print, projection, internet web site, video or any future marketing materials or plumbing training marketing materials. I expressly release PHCC and its subsidiaries or representatives or any institution transmitting or exhibiting my picture or voice from any claims arising from such use or distribution. I agree to be fully responsible for my own participation and hold PHCC and its subsidiaries or representatives harmless from any liability, loss of expense arising from the use of my picture or voice. I also consent to the use of my name, my voice and/or picture, and other material about me for promotional, publicity, or organizational purposes.

Parent's/Guardian's Initials _____

PLUMBING-HEATING-COOLING CONTRACTORS GA ACADEMY, INC. and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Participation Consent Form (REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Plumbing-Heating-Cooling Contractors Ga Academy, Inc., its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Youth Summer Plumbing Camp. In the event of any medical emergency, I authorize and consent to act on behalf for medical care deemed necessary for the participant.

Medical Release Information

The purpose of the below listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Name of Participant: _____

Name of Parent: _____

Medical Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is participant presently being treated for an injury or sickness, or taking any form of medication for any reason?

No Yes; If yes, explain: _____

Is participant allergic to any type of food or medication? No Yes; If yes, explain: _____

Does your child require a special diet? No Yes; If yes, explain: _____

Parent Signature: _____ Date: _____

Completed Form should be emailed to Dereck@PHCCGA.com
For questions or concerns please contact Dereck Owens
at 478-227-2958 or email Dereck@PHCCGA.com