

2017 CAMP NMA-ZING REGISTRATION FORM

Conference Attendee Name* _____

*Campers must be signed up with a registered NMA/ANMA attendee

CAMPER INFORMATION (Please Print) First, Last, Middle Initial

Name	Gender	Age	Birth Date	T-Shirt Size**
1 _____				
2 _____				
3 _____				

**Note: Available T-Shirt Sizes: Youth XS, S, M, L; Adult: S, M, L, XL, XXL, XXXL

PROGRAM INFORMATION AND FEES

The Camp NMA-Zing program offers age-appropriate activities for 4 days and evenings. Fees include transportation, admission, 4 lunches, chaperones, and insurance. Early Bird registration is highly recommended (deadline: June 5, 2017). On-site registration will be accepted on a space-available basis and t-shirts are not guaranteed. Cancellation before July 10, 2017 will incur a \$50 fee. No refunds or cancellations after July 10, 2017.

Early Bird: through June 5, 2017

Regular: June 6–July 27, 2017

On-Site: July 28–August 2, 2017

\$580 per child x _____ = _____

\$680 per child x _____ = _____

\$710 per child x _____ = _____

PARENT/GUARDIAN/SPONSOR INFORMATION (Children listed on this form will be released ONLY to the following adults)

Parent/Guardian	Cell	Email
Additional Parent/Guardian	Cell	Email
Emergency Contact	Cell	Email
Additional Authorized Pick-Up	Cell	Hotel & Room #

SPECIAL INSTRUCTIONS

Our child(ren) has/have the following medical conditions, allergies, language, dietary, and/or special needs: (please attach additional paper if necessary). Kama'aina Kids will contact you if necessary. Please note that youth who have fever will not be accepted in the program.

WAIVER AND RELEASE

I/We, the undersigned parent(s)/guardian(s), inconsideration of the contracted youth program services ("Kamaaina Kids") providing child care for our child(ren)/ ward(s), named above, for the National Medical Association's Convention ("the Association") in Philadelphia, PA, July 29–August 2, 2017, as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assignees, hereby release and discharge demands, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s participation in the youth program, except for gross negligence or willful misconduct on the part of Kama'aina Kids or the Association's officers, directors, employees or agents. Furthermore, I/we agree to indemnify and to hold Kama'aina Kids & the Association harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against all such claims. I/We give my child(ren)/ward(s) permission to attend and participate in the activities conducted by Kama'aina Kids during the NMA Convention. These activities may include, but are not limited to aquatics, off-property excursions, van/bus transportation, and enrichment activities. I/We authorize the Association & Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by Kama'aina Kids or Association. No further claims will be made by me/us. Discipline is used to assure the safety and well-being of all program participants. All participants are expected to respect themselves, other people and their property. If a participant is not following the guidelines of the NMA youth program staff consistent with these expectations, the parent(s)/guardian(s) will be notified that the participant may not be included in further programs. I/We hereby authorize the organization providing child care and its employees to exercise these discipline policies in regard to my child. I/We understand that there will be no refunds for the youth program once payment is made.

I/We have read the above and understand this release. Furthermore, in the event of an emergency, the organization providing child care has my/our permission to administer first aid or obtain emergency medical treatment in our child's best interest. I/We agree to pay all expenses incurred due to an emergency involving our child.

Signature of Releaser _____ Date _____

PAYMENT INFORMATION

Payment Method: American Express VISA MasterCard Discover Check (payable to: National Medical Association)

Card Number _____ Security Code _____ Exp. Date _____

Cardholder Name (print) _____ Signature _____

Fax to 972-349-7715, or email nma@wyndhamjade.com or mail to: ATTN: Convention Registration Center, National Medical Association, PO Box 418146, Boston, MA 02241-8146