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## **BABY DAY REGISTRATION July 23, 2019**

**PERSONAL INFORMATION** - To be filled out by parent/guardian.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Will the applicant need to be catheterized at camp? \_\_\_\_\_ Time(s)? \_\_\_\_\_ Catheter size: \_\_\_\_\_

Diaper change: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_ Recommended Time(s)? \_\_\_\_\_

### **Parent's/Guardian's Authorization**

Signing this registration gives my full consent for the applicant \_\_\_\_\_ to attend Spina Bifida of Louisiana Baby Day and to engage in all prescribed camp activities, except as noted by me.

In consideration of participation in the program and for the general purposes of the camp specifically including, but not limited to, the community service afforded by the availability of the program to children with disabilities, I agree to indemnify and hold harmless SB La from and against any injury or loss which my child may suffer arising out of or related to the following:

1. Camp activities, including but not limited to swimming and fieldtrips. Children are not allowed to swim if they have a communicable disease, open sore or infection. Please advise the camp director of your child's current medical condition during the camp week. The camp director and/or camp staff will make the final determination whether a child may swim or otherwise participate in activities.

In the event of an EMERGENCY, I hereby give permission to the physician or EMTs called to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above and to administer physician prescribed medications or other treatments. In addition, permission is granted to SB La. to photograph, videotape or record my child \_\_\_\_\_ for the purpose of the media or for SB La publications.

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph. Number: \_\_\_\_\_