



Rainbow Café YES!

Youth Empowerment Saturdays

Day Camp with Illinois Safe Schools Alliance

9:00 a.m. – 9:00 p.m.

Saturday, Sept. 9, 2017

Giant City Plaza 1320 S Giant City Road, Suite F
Carbondale, IL



Legal Name: _____

Name and pronouns: _____

School / GSA : _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: (____) _____ Emergency Contact Name / Phone: _____ (____) _____

Email: _____

1. **Lunch:** Count me for lunch: Vegetarian: Vegan:
Count me for Dinner: Vegetarian: Vegan:

Please list any Allergy and/or Food concerns:

2. **Hike (Giant City State Park, 235 Giant City Rd, Makanda, IL):** Count me for Hiking:

Please list any Allergy / Medical concerns (bee stings, asthma, etc) and prescribed medications:

Please list any ADA Needs: _____

Please return completed registration form to:

Phone: (618) 521-2328

Tara: (618) 513-9336

Email: tara@rainbowcafe.org

Tara Bell-Janowick, Board VP /Community Relations

Rainbow Café, Carbondale IL

P.O. Box 2

Carbondale, IL 62903-002

~OR~

**Hand in to OJ or Chip during regular RC hours by Saturday, Sept 2nd, 2017.
Be sure to complete and sign the attached permission and medical forms.**

Permission Form – Rainbow Café



EVENT NAME: Rainbow Café YES! Day Camp

DATE OF EVENT: Saturday, Sept. 9, 2017

FORMS MUST BE RETURNED BY Sept 2, 2017.

I, _____ give permission for my child, _____
 (Print parent or guardian's name) (Print youth's name)

to attend the Rainbow Café YES! Day Camp with the Rainbow Café on Saturday, September 9, 2017. I understand that transportation will be provided by adult volunteers with this organization from the Rainbow Café to Giant City State Park. In consideration of the Rainbow Café LGBT Youth Center allowing the Participant to participate in the Day Camp, I, the undersigned, do hereby release, forever discharge and agree to hold harmless the Rainbow Café LGBT Youth Center, its sponsors, board members, manager, and volunteers (collectively herein the "Rainbow Café") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved in the Rainbow Café YES! Day Camp. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in the Day Camp. The undersigned further hereby agrees to hold harmless and indemnify the Rainbow Café for any liability sustained by the Rainbow Café as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

During the event, I can be reached at _____
 (Your phone number and/ or emergency contact)

In the event that you are unable to contact me, please contact: _____
 (Alternate Contact Name / number)

This form must be signed and dated in the presence of a Rainbow Café Volunteer.

 (Signature of Youth) (Date)

 (Parent/Guardian Signature) (Date)

 (Witness Signature) (Date)

Is current Medical Release on file and correct? Yes No Initial of Parent _____

Waiver of Liability

This agreement releases **the Rainbow Café and any of its volunteers** from all liability relating to injuries that may occur **on September 9, 2017 while attending the Rainbow Café YES! Day Camp**. By signing this agreement, I agree to hold **the Rainbow Cafe** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **The Rainbow Cafe** for any reason. I will also make every effort to obey safety precautions as explained to me verbally. I will ask for clarification when needed.

I, (print name) _____, fully understand and agree to the above terms.

 (Signature) (Date)

If participant is under the age of 18, parent or guardian signature is required:

 (Signature) (Date)

This form must be signed and dated in the presence of a Rainbow Café Volunteer.

 (Witness Signature) (Date)

Medical Release

Participant Name: _____ Date _____

Phone Number: _____ Address _____

Parent Email _____

MEDICAL HISTORY Are the participant's immunizations current? Yes No

Last TETANUS Shot (year) _____

Does the participant have any allergies or medical conditions (Drug, Food and/or Environmental) Yes No

If yes, please list and explain in detail.

Medical Insurance Provider & Policy #: _____

Child's Doctor's Name & Phone #: _____

Will the participant need to take medication while at the parade? Yes No

If yes, please indicate what medicine? How many (pills)? How often? Reason for meds:

ALL MEDICINES MUST BE SENT IN THE ORIGINAL CONTAINER!!!

Does the participant have any special physical, mental, or emotional needs? Yes No

If yes, please list and give details. Please remember this form will be kept in strict confidence.

I hereby attest that this information is true and correct to the best of my knowledge.

(Signature)

(Date)

If participant is under the age of 18, a parent or guardian signature is required.

(Parent or Guardian Signature)

(Date)

(Witness Signature)

(Date)

Youth Form

I, _____, agree to abide by the terms listed below as a
 (print name)
 representative of The Rainbow Café LGBT Youth Center. I will conduct myself in a responsible manner in accordance with the Rainbow Café Youth Code of Conduct. I realize that I am a representative of Rainbow Cafe and that I represent it and its interests.

I understand that any action I take will affect people's opinion of my organization. I agree to stay at the designated areas and maintain contact with the chaperones. I understand that I must give 72 hours notice if I am unable to attend.

I will engage in behaviors that are responsible and mature. Intoxication, use of illegal substances, and disruptive, abusive, or inappropriate behaviors, and violation of festival's or parade's rules may result in immediate removal and travel back to Rainbow Café, a call to my parent or guardian, and additional action up to the discretion of the RC manager and chaperones.

(Youth Signature)

(Date)

(Witness Signature)

(Date)