



Youth Program Preregistration Form

Sunday, August 4 – Wednesday, August 8, 2007

NO REGISTRATIONS WILL BE ACCEPTED (VIA FAX OR POSTMARKED) AFTER JUNE 29, 2007.
After that date, all registrations must take place on site.

Youth Information (please print)	Full Name	Sex	Age	Birth Date	T-Shirt Size
			(At the time of Convention)		(Indicate Youth or Adult)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Note: Available T-shirt sizes—Youth XS,S, M,L,XL; Adult S, M, L, XI, XXL, XXXL

Program Information & Fees

Fees include transportation, admission, some meals, snacks, chaperones, identification items and insurance. Advance registration is highly recommended (deadline: June 8, 2007). On-site registration is not guaranteed and will be accepted on a space-available basis. No refunds or cancellations after July 7, 2007. The Camp NMA-zing program offers age-appropriate activities for 4 days and evenings.

Number of youth registering for Camp NMA-zing Program _____ × \$550 = \$_____ (On-site fee \$650)

General Release & Waiver

I/We, the undersigned parent(s)/guardian(s), in consideration of the contracted youth program services firm Kama'aina Care, Inc. ("the Contractor") providing child care for our child(ren)/ward(s), named above, for the National Medical Association's Convention ("the Association") in Honolulu, August 4-8, 2007, 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 the Contractor or the Association's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold the Contractor and 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 the Contractor 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 and the Contractor 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 rela-

tions program. The video/photo may only be used by the Contractor 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.**

Our child(ren) has/have the following medical conditions/allergies and/or language and/or special needs: (please attach additional paper if necessary). The organization providing child care will contact you if necessary. **Please note that youth who have fever will not be accepted in the program.** _____

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. EMERGENCY CONTACT NAME _____ # (_____) _____

DATE SIGNED _____ Child(ren) named on this form will be released **ONLY** to the person(s) signing this Form and/or the following additional person(s):

FATHER/GUARDIAN FULL NAME _____ SIGNATURE _____

MOTHER/GUARDIAN FULL NAME _____ SIGNATURE _____

OTHER AUTHORIZED PICK-UP PERSON'S FULL NAME _____ RELATIONSHIP _____

HOTEL NAME _____ HOTEL ROOM # _____ CELL # (_____) _____

PARENT/GUARDIAN MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ DAYTIME PHONE (_____) _____

Payment

Return this completed Camp NMA-zing Youth Program Registration Form and FULL PAYMENT (check in U.S. funds made payable to National Medical Association) or credit card NO LATER THAN JUNE 29, 2007 to:

NMA Registration Center • 11208 Waples Mill Road, Suite 112 • Fairfax, Virginia 22030 or FAX 703-631-6288.

CREDIT CARD INFORMATION: American Express VISA MasterCard Discover Diners

CARD NO. _____ EXP. DATE _____

CARDHOLDER NAME _____ SIGNATURE _____ DATE _____