



## 2010 TURKISH AMERICAN SUMMER YOUTH CAMP IN ANTALYA/TURKEY

**Please complete one form for each child and sign the Release, Waiver and Consent form and mail original copy to TURANT P.O Box 802995 Dallas, TX 75380**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Participant's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

**\*In the event of an emergency, the TURANT will contact you and/or attempt to reach your cell phone.**

### **SPECIAL NEEDS**

Allergies?      Yes      No

Needs requiring special staff attention?

Please specify:

### **ANTALYA SUMMER YOUTH CAMP PROGRAM**

Summer Youth Camp provides the campers with various activities, and special events while in our care. For example, Turkish Classes, Sightseeing, music the children will all have an opportunity to participate various sports activities, Beach and Pool, do Arts& Crafts, and much more.

The campers will be housed in different rooms by age and gender group at the first class Antalya Hotels. All of the campers will be supervised by experienced staff members, all of our staff will have criminal background checks and the one of individual will be CPR/First Aid specialist.

# Release, Waiver and Consent Form

**Registration Deadline is March 1, 2010.**

I am the parent/legal guardian of \_\_\_\_\_ who is, with my permission, a "Participant" in the Antalya Camp Program, sponsored by The TURANT and ANTALYA BUYUKSEHIR BELEDIYESI, and the Antalya Youth Camp Program of TURANT, for my benefit during the weeks of June 20 and July 4, 2010.

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, designated by the Board of Directors of The TURANT (Turkish American Association of North Texas) or President of ANTALYA GONULLULERI DERNEGI, Dr.Gunseli Akaydin, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that The TURANT or ANTALYA BUYUKSEHIR BELEDIYESI or ANTALYA GONULLULERI DERNEGI, will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the **Gunseli Akaydin, M.D**, in consultation with appropriate medical personnel.

I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

My child has my permission to be transported or to walk, under supervision with ANTALAY SUMMER YOUTH CAMP staff, to other Antalya Buyuksehir Belediyesi Facilities or other designated locations.. :

On behalf of the Participant, the Participant's parents, and/or legal guardians, I hereby give approval of the above-named Participant's participation in any and all programs and activities sponsored or provided by the TURANT, ANTALYA BUYUKSEHIR BELEDIYESI or ANTALYA GONULLULERI DERNEGI in Antalya Turkey and do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, TURANT, ANTALYA BUYUKSEHIR BELEDIYESI or ANTALYA GONULLULERI DERNEGI, and all their respective directors, members, officers, employees, Camp Committee persons, contractors and subcontractors, for , from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such programs and activities during/ before or after the Camp.

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

Parent/Legal Guardian Signature

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