



Two Café and Boutique Young Entrepreneur Camp Registration

To register please fill out the forms below and attach a check payable to the Two Foundation.
Forms and payment send to:

Two Foundation
8410 E Washington Street
Chagrin Falls, OH, 44023

Personal Information

Name:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Age:	
School:			
Address:		Phone number:	Home: Cell:
T-Shirt Size:	Child Sizes: <input type="checkbox"/> medium <input type="checkbox"/> large Adult Sizes: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Email:			
List Any Food Allergies:			
Session Attending:			

Emergency Contact Information

Contact 1 Name:	
Relationship:	
Number:	
Contact 2 Name:	
Relationship:	
Number:	

I give permission for my child _____ to be taken to the hospital in the case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency takes place.

Signature of Parent/Guardian

Date



Liability Release Form

On this _____ day of _____, 2018, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and indemnify and hold harmless Two Foundation and any of its employees or agents representing or related to the Foundation in regard to the Young Entrepreneur Summer Camp. This release is for any and all liability for personal injuries (including death) and property losses or damages occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by The Two Foundation and/or its affiliate groups and vendors throughout the Foundation.

Camper Name (please print)

Date Signed

Signature of Camper

Signature of Parent/Guardian (if under 18)



Two Foundation Photo Consent Form

I grant the Two Foundation, its representatives, and its employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Two Foundation, its assigns and transferees to copyright, used and publish the same in print and or electronically.

I agree that the Two Foundation may use such photographs of me with or without my name and for any lawful purpose, including but not restricted to, publicity, illustration, advertising and web content.

I also understand that any of these photographs may be taken at any place where the Two Foundation, our members, and/or our employees are present. This includes, but is not restricted to, fundraisers, community events, and other group activities.

I have read the above and fully understand:

Signature: _____

Printed name: _____

Signature of Parent/Guardian _____ (if under 18)

Date: _____



Transportation Agreement

I grant permission for _____ to be transported by the Two Foundation employees or agents representing or related to the Foundation, without liability for the driver or the owner of the vehicle, for field trips and various job sites.

I agree to transport my child to and from the Two Café at the designated time each morning and to responsible for his/her pick-up in the afternoon.

Parent/Guardian Signature: _____

Date: _____

Medication Agreement

I understand that the Two Foundation is a non-medical provider and cannot administer medication to _____ under any circumstance.

I understand that if my child requires medication, it must be administered prior to attending camp.

I understand that my child will NOT receive any medication administered by camp staff during camp hours including: aspirin, cough drops, or inhalers.

Further, I understand that the camp personnel are not legally obligated to administer medication to any child, therefore, I agree to hold the camping association and its employees free from all responsibility for the results of not administering such medications.

Parent/ Guardian Signature: _____

Date Signed: _____