



Return Form to:
Preventive Health Strategies
PO Box 130 · Tea, SD 57064

*For Information or Questions
Please, Call Amy at
605-261-6426 or visit our
Facebook page.*

*This is an
interactive pdf.
Download to your com-
puter, open file, fill out and
click "submit form" in top
right to send registration to
[echokids@meaningful
medicine.org](mailto:echokids@meaningfulmedicine.org).*

Registration

GENERAL INFORMATION:

Child's Name _____ Gender _____

Guardians Name _____

Phone Number _____

Address _____

City _____ Zip _____

Email Address _____

Childs Age _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

PICK UP PERMISSION

Please specify who has permission to pick up your child from ECHO Kids.

Name _____

Name _____

Name _____

MEDICAL INFORMATION

Physician _____ Phone _____

Allergies _____

For children allergic to insect bites:

Carries EPEPEN: _____ Medic Alert: _____

Please list any medical information, physical or emotional information that may be helpful to our staff.

For children with Asthma:

Carries an Inhaler: _____ Medic Alert: _____

CONSENT FORM

I am allowing my child/children to participate in the ECHO Kids Program. I give Preventive Health Strategies and the staff of ECHO Kids the authority to act on my behalf. I release and indemnify Preventive Health Strategies and ECHO kids, its owners, directors, management, employees and volunteers from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in the ECHO Kids Program.

I consent to the use of my child’s/children’s likeness for publicity purposes.

Should the media attend the camp, my child (does / does not) _____ have permission to talk to representatives of local newspapers or broadcast media.

I accept the above terms and conditions. _____(initial) Date: _____

Signature of guardian _____

Print Name _____

FOR CAMP USE ONLY

Application Processed _____ Date _____ Initials _____





KIDS

EDUCATED CHOICES FOR HEALTHY OUTCOMES

PLEASE RETAIN FOR
YOUR RECORDS

POLICIES AND INFORMATION

Thanks for being a part of the ECHO Kids Family!!!

The camp will be held at Sertoma Park located near 49th & Kiwanis in Sioux Falls. Camp Hours are 9 to 11 a.m. Your child may arrive at Sertoma Park anytime between 8:30 and 9 a.m..

Each Day your child/children will participate in the following activities.

- Warm up
- Stretching
- Daily Challenge
- WOD (Workout Of the Day)
- Snack
- Healthy Choice Education
- Games

We invite you to join us for any activities that interest you, and you can stop by the camp anytime to see how your child is enjoying it. If you let us know in advance when you plan to attend we can ensure that we have enough refreshments and food for everyone.

The camp is free, thanks to the generous contribution of Dr. Annette Bosworth and Preventive Health Strategies for their financial support of this program.

This camp involves healthy life choices as well as physical activity. Please, ensure that your child dresses appropriately in comfortable shoes and casual clothing. If you need assistance with either item please contact Amy Peterson at 605-261-6426.

The children will be doing outdoor activities most of the weeks, except in the event of rain, where we will meet at an alternate location (information will be provided upon registration). There will be no sessions the week of July 4.

If your children happen to catch a cold or get ill at any time during the camp, please, keep them at home, so the other children do not get sick.

We are excited about ECHO Kids and we look forward to a fun summer!

Please call anytime with questions or for additional information.

Amy Peterson
Camp Director
605-261-6426

