

Day Camp medical and release of liability form

In order for your child's registration to be complete, please complete this form and return on the first day of Day Camp.

Name _____

Street address _____

City _____

State _____ Zip + 4 _____

Phone _____

Church _____

Gender (circle one): Male Female

I give my permission for my child, _____ to attend this Day Camp.

In the event of an emergency I give permission to the holder of this form to consent to any medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Be advised that my child has the following physical ailment, allergies, recent injuries, emotional or behavioral disorders, and/or takes the following listed medicine:

The parent/guardian of the applicant assumes full responsibility for the applicant's health being such that Day Camp activities will in no way aggravate any conditions present. If in doubt, please seek medical advice.

I understand that there are inherent risks involved in outdoor activities which are beyond Camp Phillip's and the church's control and I agree to personally assume such risks.

I release from any liability Camp Phillip, the church and staff sponsoring this retreat in the event of any accident en route, during or returning from this event.

I give permission for my child to be photographed for use in Camp Phillip's promotional or educational efforts.

The signature below affirms that the statements on this form are true and understood.

Parent's signature _____

Health insurance carrier _____

Policy number _____

Date signed _____