

Three Rivers Evangelical Free Church Day Camp Health and Release Form

PLEASE READ THIS FORM CAREFULLY. Be aware that in signing up and participating in the Three Rivers Evangelical Free Church Day Camp, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you and each participant might sustain arising in any manner out of this program or the use of the facilities or equipment.

Name of child: _____

Week(s) Attending: _____

Custodial Parent Name _____

Emergency Contact Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Please list any allergies your child has:

Please list any medications your child is currently taking and specify if they receive it only at home or also at Day Camp:

Please list any illnesses, surgeries, prior injuries or medical conditions that we should be aware of:

Please list any "Special Needs" or any activity restrictions that we should be aware of:

Does your child require a flotation device while swimming? Yes / No

REQUIRED FOR ALL ATTENDING

PERMISSION: By signing this form, I give my child/children permission to participate in the Three Rivers Evangelical Free Church Day Camp program, both at the premises of the Three Rivers Evangelical Free Church and the activities of the Day Camp off site. I understand that there are dangers in my child's participation in Three Rivers Evangelical Free Church Day Camp activities. I am aware the Three Rivers Evangelical Free Church Day Camp will be using bus transportation for special events, and the liability for transportation rests with the transporter. I consent to my child's participation in activities such as swimming at the Joliet Park District's Splash Station which provides lifeguards, going to The Museum of Science and Industry, Starved Rock State Park, Brookfield Zoo, and Odyssey Fun World. A schedule of these activities has been made available to me.

RELEASE OF LIABILITY: I do hereby fully release and discharge the Three Rivers Evangelical Free Church Day Camp and its officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me and my child on account of participation in the Three Rivers Evangelical Free Church Day Camp program or use of facilities or equipment in conjunction therewith. I hereby waive and relinquish any such claims that I and/or my child may have.

MEDICAL AUTHORIZATION: In the case of an emergency, I authorize emergency medical treatment or transportation for my child (you may be assured that every reasonable effort will be made to contact you prior to any treatment). I know that the Three Rivers Evangelical Free Church staff and Day Camp staff will do their best to see that my child has a safe and fun time while at Day Camp. The Three Rivers Day Camp does not carry individual camper insurance. I understand that I am responsible for the cost of any and all medical services that my child may require as a result of participating in Three Rivers Evangelical Free Church's Day Camp.

PROMOTIONAL CONSENT: I consent to having my child's photograph and/or video used in future promotional material.

I certify that the information provided to the Three Rivers Evangelical Free Church Day Camp is true and accurate. I have informed, in writing, the Three Rivers Evangelical Free Church Day Camp staff of any specific restrictions and concerns which are necessary for my child's participation in the Three Rivers Evangelical Free Church Day Camp program.

I have read and I fully understand the contents of the above document, and I freely agree to its terms and conditions on behalf of me and my child.

Parent/Guardian signature: _____ Date: _____