

Weldon Valley Presbyterian Church – Day Camp Registration and Release Form

July 11-15, 2011

Child's Name _____ Age/Grade _____

Address: _____

Parent/Guardian's Name/Phone number(s) _____

Names of adults that are permitted to pick up your child: _____

Medical conditions, food allergies, or other issues that might preclude involvement in any activities:

If your child is on any medication, we encourage you to adjust their schedule so medications do not need to be administered during Day Camp. If this is not possible, please let us know what arrangements are necessary.

No medication needs: _____ Medication administration required: _____

Liability waiver:

I request that the above-named child be allowed to participate in the planned activities of Day Camp / Bible School at Weldon Valley Presbyterian Church. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my child's participation in this activity can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge both Weldon Valley Presbyterian Church and Highlands Presbyterian Camp and Retreat Center, their officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the day camp; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release both Weldon Valley Presbyterian Church and Highlands Presbyterian Camp and Retreat Center and the officers, agents, and employees of either organization for any negligence of the organizations, or their officers, agents or employees.

Permission to Treat

In the unlikely event that medical treatment is needed, I hereby give permission to the medical personnel selected by the day camp director to provide routine first aid; to administer medications as noted above; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the day camp director to secure and administer treatment, including hospitalization, for the person named above.

Parent / Guardian

Date