



# HF2: 4-H Camp Bristol Hills AUTHORIZATION FORM

Health Supervisor Check	<input type="checkbox"/>
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Camper Name: \_\_\_\_\_

## ACKNOWLEDGEMENT OF RISK

I warrant that I am the legal parent/guardian of the child indicated above and hereby apply for my child to participate in the activity or activities indicated below to be conducted by 4-H Camp Bristol Hills and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities at the camp and my child's participation in said activity and use of any equipment related to such activities may result in their injury, illness or death and/or damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and is at or above the minimum age of four required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

**NAME & LOCATION OF CAMP:** 4-H Camp Bristol Hills, 4437 Kear Road, Canandaigua, NY 14424

**(Camp Office is located at 480 N. Main St., Canandaigua, NY 14424. All paperwork should be mailed to camp office.)**

**ACTIVITIES:** ALL CAMP ACTIVITIES INCLUDING BUT NOT LIMITED TO: AIR RIFLE, ANIMAL CARE, ANIMATION, ARCHERY, CHALLENGE/ROPES COURSE, COOKING, CRAFTS, ECOLOGY, EQUINE (HORSEBACK RIDING), FISHING, GEOCACHING, HIKING, ROCKETRY, SCIENCE, SPORTS, SWIMMING, AND WATER SPORTS.

Note: Equine Activity is defined as any camper who is participating in an equine activity and/or working with equines beyond club level including clinics, camps, or shows.

I have read the **Acknowledgement of Risk Statement** and by signing below, I agree it is my intention to have my child participate in the indicated activities and I understand and fully accept the risks involved and release Extension, its employees and agents from any liability.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of Ontario County.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

## SUNSCREEN AND INSECT REPELLENT

I hereby give permission for my son/ daughter give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it. Should my son/daughter not have either sunscreen or insect repellent on person, I hereby give permission for camp staff to apply either to my child based on what camp staff has been supplied and the request of my son/daughter.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

## CAMPER CODE OF CONDUCT

As a camper, I agree to follow the Code of Conduct as described within the FAMILY HANDBOOK. I understand that behavior outside of this Code of Conduct may result in dismissal from camp.

**CAMPER SIGNATURE :** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a parent, I agree to the Code of conduct as described within the FAMILY HANDBOOK. I have reviewed this Code of Conduct with my child. We agree to abide by all policies and procedures contained therein. I understand that behavior deemed to be outside of this Code of Conduct may result in dismissal from camp, and all camp payments are subject to the camp refund policy.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:

This health form is correct so far as I know, and the person herein described is able to engage in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Camp Director to secure and administer treatment, including hospitalization, for my child, as named above. Further, we agree to abide by the restrictions noted by our physician on the back of this form. I understand that the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program's staff about my child's health status.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to Camper** \_\_\_\_\_

Camper Name: \_\_\_\_\_