

State College Alliance Church-Alliance Sports Camp
Liability/Medical Release/Photo Waiver Form

Please complete a form for each child and bring to the registration table the first day of Alliance Sports Camp

State College Alliance Church's Commitment to you:

- Adult supervision by approved/cleared volunteers will be given to your children at all times.
- In the event your child needs any kind of medical attention, proper care will be administered, and the parent or emergency contact person (listed below) will be contacted as soon as possible.

Your Commitment to State College Alliance Church:

- I will keep my child home from camp if he or she has symptoms of any potentially contagious illness.
- I will communicate any special medical needs or requests for my child before the start of camp.

Camper Name: _____ **Date of Birth:** _____

Camper Medical Information:

1. Does your child have any allergies? _____ Yes _____ No
If yes, to what?

2. Is your child bringing any medication with him/her? _____ Yes _____ No
If yes, please list and state dosage:

Please Note: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

3. Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? _____ Yes _____ No
If yes, please explain:

Parent/Guardian Contact Info

Who should we contact first if your child has a medical emergency during camp?

Name: _____

Phone: (____) _____ Relationship to child: _____

Who should we contact if your child has a medical emergency but can't reach the primary contact?

Name: _____

Phone: (____) _____ Relationship to child: _____

Liability Release:

By signing below, I consent to let my child, _____,
Child Name

participate in the following event: **Alliance Sports Camp, July 21-July 25 (9:00am-12:00 noon), 2025**

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness,

State College Alliance Church (1221 W. Whitehall Rd., State College, PA 16801)
Church/Organization Name

its staff and its volunteers are hereby released from any liability.

Medical Emergency Note:

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. By signing below, I give permission to a representative of State College Alliance Church to administer medication as identified on reverse side and to secure proper medical treatment.

Photo Release

By signing below, I give permission for photos and videos of my child to be taken and shared on the Alliance Sports Camp social media pages. Names or other identifying information will never be shared. If I do not want photos and videos of my child to be shared, I will contact the church by email (bill@scalliancechurch.com) prior to the first day of camp.

Signature: _____ Date: _____

Printed Name: _____

Phone: (____) _____

Address: _____

Insurance Information

Health Insurance Company: _____

Policy # _____ Group # (if applicable) _____