



CWC Kids Summer Day Camp 2021 Emergency Contact / Medical History

T-Shirt Size (youth sizes): ___S ___M ___L ___XL
Please Select One

STUDENT INFORMATION

Campers Name: _____

Male Female Age: _____

Grade Completed: _____ (Completed K-5)

DOB ____/____/____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____

Work Phone: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relation to Camper _____

Phone: _____

CAMPER'S MEDICAL HISTORY

- to be completed by parent or legal guardian -

Health Insurance Co.: _____

Group # _____ Policy # _____

Camper's Doctor: _____

City: _____ Phone: _____

1. Does the camper suffer from any medical, physical, emotional or behavioral conditions which might affect his/her safety while at the camp? (e.g. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy, etc.) Yes No

If yes, please specify: _____

2. Is the camper undergoing any form of medical or psychological treatment, including medication? Yes No

If yes, please specify: _____

Is camper on prescription medication? Yes No

3. To the best of your knowledge, has the camper been in contact with any infectious or contagious diseases, or suffered from anything in the last four weeks that might be or become infections or contagious?

Yes No

If yes, please specify: _____

4. Is the camper allergic to any food or any medications?

Yes No

Please specify: _____

5. Date of last tetanus shot ____/____/____

6. Special dietary requirements: _____

MAKE SURE THAT ALL PAGES
OF THIS DOCUMENT ARE
COMPLETELY FILLED OUT

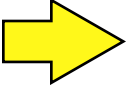
SUMMER DAY CAMP 2021

RELEASE FORM

ACTIVITIES • MEDICAL • PHOTOGRAPHY

1. Camper's Declaration:

I will fully cooperate with the staff, rules and program established for the Camp.

 Camper's Signature _____ Date ____/____/____

2. Parental Medical and Activity Release:

I agree that my child may attend the CWC Kids Summer Day Camp, and agree to him/her taking part in all of the activities, with the exception of those I have listed below. I acknowledge that these activities involve risk of serious injury or death. I acknowledge the need for responsible behavior and obedience on his/her part.

Please exclude them from participating in: _____

My child will cooperate with the staff, rules, and program of the Camp. I understand that I will be held responsible for any damage done by my child, and I will pay for any and all repairs. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I also certify that my child's immunizations are up-to-date (Initial here if you have chosen not to immunize your child but would still like them to attend camp).

In the unlikely event of an accident or an illness during this camp, which needs immediate treatment, I agree to my son/daughter receiving first aid and medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider.

I also authorize the transportation of my child by ambulance, if necessary, to the nearest available medical facility. I understand the extent and limitations of the insurance coverage as provided by the organization sponsoring the event and that my medical insurance is primary, unless otherwise specified. I will inform the leaders of the event as soon as possible, if there is a change in medical circumstances regarding my child between the date signed below and the start of the event.

3. Photo Release:

I hereby grant permission to Community Worship Center the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Community Worship Center.

 Parent/Legal Guardian's Signature _____ Date ____/____/____