Please list all children from your family coming to camp. Click the “C” then type the information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Age** | **Birth** | **Gender** |  |
| Example | Chambers | 14 | 01/27/2000 | M |  |
| C | C | C | C | C |  |
| C | C | C | C | C |  |
| C | C | C | C | C |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Father/Guardian** | C | Is there a restraining order against this person? | | | | | C |
| Home | C | Cell | C | | | |  |
| Address | C | | | | | | |
| City | C | Prov. | | C | Postal | C | |
| Email | C | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Mother/Guardian** | C | Is there a restraining order against this person? | | | | | C |
| Home | C | Cell | C | | | |  |
| Address | C | | | | | | |
| City | C | Prov. | | C | Postal | C | |
| Email | C | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergence Other Than Parent/Guardian** | | C | |
| Home | C | Cell | C |
| Email | C | | |

Camp staff only releases camper/s to the individual on this form. Each Parent/Guardian must be photographed for identification purposes, or a photo provided of individual assigned to drop off or pick up camper, while attending each day session.

**Please indicate that your child will attend:**

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I/we hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. The applicant has my approval to participate in all regular camp activities including off-site trips to area parks or venues. His/her name or picture may appear in camp or local news publications. I/we realize that it is my/our responsibility to consult with a physician to assess my child’s health relating to participation in camp activities.

We give permission for one of us to sign this form on behalf of both of us as parents/guardians. Official signature must be signed at the beginning of the camp session.

Father/Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Parental/Guardian Consent & Waiver Release**

I/we the undersigned, being parent or legal guardian, do hereby give my/our consent and permission for the child/ren named in this application to be transported to and from Community Hands Culture Camps, and to participate in all activities. In consideration of the benefits to be derived from these activities, I/we hereby voluntarily for myself/ourselves, and anyone entitled to act on my behalf, waive, release, and forever discharge any claim or claims against Community Hands Culture Camps, LCBI; their leadership, staffs - in both their official and personal capacities, and any of their agents, assigners, representatives, successors, volunteers, or anyone acting on their behalf for any and all claims, demands or liabilities of whatever nature, including but not limited to: injury, death, or damage, whether in property or nature, which may arise in connection with said activities or any phase or parts thereof. This waiver/release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen.

In the event of an emergency involving my child, where medical treatment is required, and I/we cannot be reached, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered by a licensed physician. I/we understand that in the event of any such emergency, the Camp will attempt to notify me/us immediately based upon the contact information provided above. This completed form may be photocopied for trips out of Camp. I/we hereby certify that I/we have read this Consent and Waiver Release, fully understand it, and voluntarily execute the same.

We give permission for one of us to sign this form on behalf of both of us as parents/guardians. Official signature must be signed at the beginning of the camp session.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical and Behavior**

Please indicate any medical conditions that we, as staff, should be aware of. Include written instructions on this sheet.

Child’s Name: C

Issue/s: C

Child’s Name: C

Issue/s: C

Please indicate any behavioral concerns that we, as staff, should be aware of. We can form an action plan if we know the concerns.

Child’s Name: C

Issue/s: C

Child’s Name: C

Issue/s: C