

CAMPER'S REGISTRATION for CAMP PALMER | MAY 24 - MAY 29, 2019

Cost: \$250, Make checks payable to Independent Presbyterian Church

Check-in time: Friday, May 24, noon | IPC lobby | **Depart:** 12:30 p.m.

Return: Wednesday, May 29, 2:00 p.m., Meet in the front parking lot for both departure and return.

Name _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Grade just completed _____ Sex: M or F Age _____

Do you need transportation to and from camp? Yes or No

If no, how will you get to camp? _____

Who would you like to room with at camp? Must be in the same grade. _____

Can your child swim? Yes or No

T-shirt size (please check size) Child: S M L Adult: S M L XL XXL

In case of emergency, please contact:

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

Health Information: Current immunizations are required. DTaP Vaccine _____ Date _____

Please list all allergies (food, medications, environmental etc.): _____

If your child has specific dietary restrictions, please list here: _____

Medication: Please bring a list of all your child's medications along with the medications to check-in before departure.

This individual is in good physical condition, free from any contagious disease, and capable of participation in regular camp activities.

Signature of Parent or Guardian

Date

LIABILITY RELEASE FORM ~ Release of All Claims

PLEASE FILL OUT THE LIABILITY RELEASE FORM BELOW. A REGISTRATION FORM IS REQUIRED FOR EACH PARTICIPANT.

In consideration for being accepted by Independent Presbyterian Church for participation in Camp Palmer 2019, we (I), being 21 years of age or older do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Independent Presbyterian Church its employees, agents, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. (If the participant has not attained the age of 21 years.)

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

TYPE OR PRINT NAME OF PARTICIPANT

(Only participants need to sign if aged 21 or older. If under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)

Parent (s) telephone _____, _____

Hospital Insurance: yes or no

Insurance company _____

Policy Number _____

Physician _____

Physician's Phone _____ Emergency Phone _____

Father Date

Mother Date

Legal Guardian Date

Participant (if age 21) Date