

Family Worship & Praise Center - CDC Summer Camp

Official use only

Please Complete Both Sides of This Form – One Child Per Application Please

Camper's Personal Information

*Print

Last Name: _____ First Name _____

Boy Girl Birth date ____/____/____ Age ____ Grade Last Completed ____

Does your child have food allergies? no yes *please list* _____

List any special needs, prescription medication or physical limitations that we should be aware of:

Can your child swim? no yes

Is your child allowed to participate in water activities? no yes

Guardian Information

*Guardian #1 Information

Full Name: _____ Relationship: Mother Father Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Ext. _____ Alternate # _____

Cellular #: _____ E-mail Address _____

*Guardian #2 Information

Full Name: _____ Relationship: Mother Father Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Ext. _____ Alternate # _____

Cellular #: _____ E-mail address _____

Emergency Contact

Name: _____ Relationship: Mother Father Other _____

Home #: _____ Work#: _____ Cellular#: _____

Other Pertinent Information _____

Liability Release

I have voluntarily requested that my child be placed in activity-based programs at FWPC-CDC to include swimming. I am acknowledging that the camp environment may have unforeseen dangers beyond staff control. In these situations, I release staff employees of FWPC-CDC and FWPC from any liability responsibility at designated facilities and field trip events.

Parent Signature _____ Date _____

Acknowledgement of Risk and Release

Privacy Policy

We will not release any information regarding your child to any party under any circumstance with the exception being appropriate to medical personnel during a medical situation.

Initials _____

Publicity Release

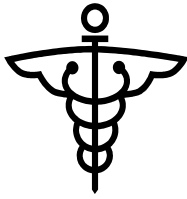
I give permission for any images, likeness, or quotes taken of my child to be used for FWPC-CDC publicity purposes including, but not limited to newsletters, brochures, websites, and videos.

Initials _____

Transportation Release

I give permission for FWPC-CDC to provide or attain transportation for my child in order for him/her to participate in any program conducted off the grounds of FWPC-CDC.

Initials _____



Family Worship & Praise Center - CDC Summer Camp Medical Release Form

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Mother's Name _____ Father's Name _____

Daytime Phone _____ Daytime Phone _____

Place of Employment _____ Place of Employment _____

Health Insurance Carrier _____ Policy # _____

Plan # _____ Is a physician authorization needed? no yes Physician's Name _____

In case of emergency, please notify _____

If either parent or guardian is not available in an emergency, please contact (two names required please):

1. _____ Phone # _____

2. _____ Phone # _____

Does camper has any chronic or recurring illnesses? no yes please list _____

Is there any other health history that the camp staff should know? no yes please list _____

Are there any activities you camper should be restricted? no yes please list _____

Will the camper be taking medication? no yes please list _____

PLEASE NOTE: If medication is required, it must come in the original container with usage/dosage instruction clearly printed on the label.

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all the above information is correct and that my child is fully able to participate in all of FWPC-CDC camp activities without need of individual or specialized attention or medical regimen unless specifically noted above. I agree to notify FWPC-CDC of any changes in my child's physical or mental health between the dates of enrollment and the start of camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the accredited camp trainers, emergency room physicians or emergency medical personnel or any other clinical physicians with the understanding that I will be notified as soon as possible.

Parent Signature _____ Relationship _____

Print Name _____ Date _____