

# QUAIL LAKES BAPTIST CHURCH DAY CAMP MEDICAL AND LIABILITY RELEASE

Camper's Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in June 2010 \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_

Mom's Name \_\_\_\_\_ Day or cell Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Dad's Name \_\_\_\_\_ Day or cell Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

In case of an emergency, an additional person to contact is:

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

## HEALTH HISTORY

Any swimming restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Any activity restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ What restrictions: \_\_\_\_\_

Name and dosage of any medications that must be given during the day: \_\_\_\_\_

Quail Lakes Baptist Church's insurance is only **secondary insurance**. In case of emergency you will be contacted immediately. If you have medical insurance, your carrier will be billed for charges in case of illness or injury while your child is at camp.

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Please give name and address of insurance company:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Main Insured's Social Security # \_\_\_\_\_

## UNDERSTANDING AND AGREEMENT

In order to ensure that every camper has the greatest experience possible, we ask for full participation from everyone. This includes: singing songs, listening to instructions, being involved in the activities, trying to get along with others, having a positive attitude, and respecting the leadership. Each week is specially designed, and yet some activities are repeated. We want each camper to have an incredible, valuable, and memorable week. I understand and request that the supervisors of Day Camp carry out any discipline, if necessary, and that I will either pick up my child or pay for any extra expenses of my child being sent home due to disciplinary action.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE

In the event I cannot be reached in an emergency during camp, I hereby give permission to the physician or dentist selected by Quail Lakes Baptist Church to hospitalize, to secure treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

## LIABILITY RELEASE

We feel that our campers are safe and well supervised at all times. However, no recreational activities are without the possibility of unforeseen hazards. All recreational activities have the inherent possibility of injury to person and property. We want to alert parents and guardians to this fact. It is impossible to list all such risks. Some of our activities include: swimming, strenuous games, ropes course, archery, boating, bowling, roller skating, playground equipment, activities on special trips (as listed in the brochure), cooking, and others. The parents or guardians understand that they are signing for the minor listed above on this form and they further understand that signing this liability release constitutes a full and complete release from liability insofar as Quail Lakes Baptist Church is concerned and an agreement to hold the church and other acting special trip organizations harmless and relieved of injury to your child.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my son/daughter \_\_\_\_\_ to attend Quail Lakes Baptist Church Day Camp and I agree to all of the above stated information.

Print Name \_\_\_\_\_ Relationship to child \_\_\_\_\_