

Handbell Camp Registration Form

Camper
Information

Camper's Name _____ Male Female

Address _____ City _____ Zip _____

Camper's Birth Date _____ Grade in the Fall _____

Parent/Guardian 1 _____ Home# _____ Cell# _____

Email Address _____ Employer _____ Business# _____

Parent/Guardian 2 _____ Home# _____ Cell# _____

Email Address _____ Employer _____ Business# _____

Child in custody of (Please check one) Both parents Mother Father Other (Specify) _____

Child lives with (Please check one) Both parents Mother Father Other (Specify) _____

Family Physician _____ Address _____ Phone# _____

Dentist/Orthodontist _____ Address _____ Phone# _____

Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) _____

Health History – (Mark all that apply & provide copies of all immunizations) Ear Infection Convulsions Asthma Bleeding/Clotting Disorder Allergies

Pollen Poison Oak/Ivy/Sumac Penicillin Insect Stings (List Type): _____ Foods (List Type) _____

Other (List Type) _____ Operations, serious injuries, diseases, or restrictions on physical activity: _____

Current medication and purpose (all medication sent to camp must be given to camp director and labeled clearly with doctor's instructions)

Behavioral conditions or problems of which camp staff should be aware

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Camp Faith. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Authoriza-
tion

Name _____ Phone# _____ Relation _____

Name _____ Phone# _____ Relation _____

Name _____ Phone# _____ Relation _____

Release, Hold Harmless, and Emergency Treatment Authorization Form
For Minors Participating in the
Faith Lutheran School Handbell Camp

1. As a parent or legal guardian of a child (the "Child") participating in the Faith Lutheran School ("FLS") Handbell Camp (referred to herein as "Camp") activity, and in consideration of such child's participation in the Camp, I do willingly execute this Release, Hold Harmless, and Emergency Treatment Authorization Form (the "Form"). I hereby release, indemnify, defend, and forever discharge and hold harmless ("Release") FLS from any and all liability and I hold FLS harmless from any and all injuries (including death), claims, demands, liability, suits, attorney's fees, expenses, costs, judgments, awards of any kind or character, (collectively, "Loss") which may accrue because of, arise out of, or exist on account of the Child's participation in activities conducted by, under the control of, or associated with FLS during Camp. I understand and agree that this Release shall expressly include Loss due to FLS' negligence (whether sole, contributory, or in any other way in part) and gross negligence. It is my intent that this release and indemnity be as broad and comprehensive as possible as I do not desire that FLS have any liability, directly to me or my spouse (if any) or the Child, or indirectly to any medical provider arising out of any costs, bills, claims or damages due to participation in Camp activities. I understand and acknowledge that FLS, as that term is used in this Form, shall include employees, administrators, agents, volunteers, chaperones, and the Board of Education, individually and in any representative capacity, of FLS. It is my express intent that this Release shall be binding upon the members of the Child's family and the Child's heirs, assigns, executors, and personal representative. In addition, the Child shall abide by all safety and security rules of FLS.
2. I certify that the Child is physically able and has not been advised against participation in the Camp by a health professional. I hereby approve, consent to, and request emergency medical treatment, be provided by the hospital, physician, or licensed healthcare provider for the Child, if such is necessary as determined by FLS, in FLS' sole discretion. I expressly assume full financial responsibility, either individually or through a health insurance carrier, for any and all bills and amounts incurred in association with such emergency medical treatment. I authorize FLS personnel and/or volunteers to apply sunscreen to the Child's exposed skin on an as needed basis if the Child requires assistance.
3. I hereby release, indemnify, defend, and forever discharge and hold harmless ("Release") FLS from any and all liability and I hold FLS harmless from any and all injuries (including death), claims, demands, liability, suits, attorney's fees, expenses, costs, judgments, awards of any kind or character, (collectively, "Loss") which may accrue because of, arise out of, or are in any way connected with this emergency treatment authorization or care given or obtained by and/or through it for the Child. I understand and acknowledge that FLS, as that term is used in this Release, shall include employees, administrators, agents, volunteers, chaperones, and the Board of Education, individually and in any representative capacity, of FLS. It is my express intent that this Release shall be binding upon the members of the Child's family and the Child's heirs, assigns, executors, and personal representative.
4. In signing this Form, I acknowledge and represent that I have read the foregoing Form, that I understand it and that I sign it voluntarily as my own free act and deed; no oral representation, statements, or inducements apart from the foregoing written form, have been made; and I am least 18 years of age and fully competent. I execute this Form on behalf of the Child for full, adequate and complete consideration fully intending to be bound by the same.
5. All photos that are taken of the Child during Camp may be used by FLS for promotional purposes.

Signed on the _____ day of _____, 2017

Parent/Guardian Signature on behalf of

Date