

# CAMP ENROLLMENT FORM

Please fill out form completely and send in with \$50 nonrefundable deposit to reserve your spot on the camp roster. Registered campers will be sent a confirmation letter upon receipt of camp enrollment form, medical release form, and deposit.

**Camp enrollment is limited to ensure quality training, so please register early.**

Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender: M / F (circle)  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ School \_\_\_\_\_ Grade (in Sept 2012) \_\_\_\_\_  
Sport \_\_\_\_\_

PAYMENT BY CHECK, CASH OR CREDIT CARD - check boxes that apply.

Cash or Check (make checks out to "FCA") -  \$50 deposit only  Camp paid in full \$ \_\_\_\_\_

Credit Card -  Discover  Visa  Mastercard  Amex Exp date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Charged:  \$50 deposit only  Camp paid in full \$ \_\_\_\_\_ (list full price for camp of choice)

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEDICAL RELEASE FORM

Camper's Name \_\_\_\_\_ Gender: M / F (circle one) Date of birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Emergency Contact Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Past Health \_\_\_\_\_ Past Injuries \_\_\_\_\_

Present Health \_\_\_\_\_ Medications \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_ Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Sport \_\_\_\_\_ Can camper swim? YES \_\_\_ NO \_\_\_

**PLEASE READ THE RELEASE FORM CAREFULLY AND SIGN BELOW**

### Functions and Activities

It is my understanding that participating in programs, recreation activities, and other Camp activities is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with activities, including, for example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### Release of Liability

By signing this form, I warrant my child permission to participate in the activities discussed above. I also warrant that my child is capable of withstanding the physical and mental demands of Camp activities. I expressly assume all risks of my child participating in the activities. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred in Camp activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability also covers all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I indemnify and hold harmless this organization (and all peoples associated with it) from any and all claims arising from my child's participation in Camp activities and programs, or as a result of injury or illness of my child during such activities.

### First Aid and Emergency Medical Treatment

I give full permission for agents of this organization to seek and secure any needed medical attention for my child, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all costs and fees from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for the Camp Trainer or other Camp professional medical staff to give over-the-counter medications as needed. I give permission for the transportation of my child to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

### Parent/Guardian Signature

I represent that I am the parent/guardian of \_\_\_\_\_ (child's name), who is under 18 years of age. I have read the above Release form and am fully familiar with the contents thereof. I give permission for my child to participate in the activities of this organization. I hereby consent to this Release form, including the Release of Liability above, on behalf of my child and agree that this Release form shall be binding on me, my family, heirs, legal representatives, successors, and assigns.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_