



The Charles  
**Finney**  
School

# SUMMER CAMP WAIVER

CIRCLE ONE: BASKETBALL SOCCER VOLLEYBALL THEATER

**THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT & RETURNED THE FIRST DAY OF CAMP**

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list any physical condition the camp staff should be aware of (asthma, recurring illnesses, disabilities, chronic illnesses, etc.) \_\_\_\_\_

Allergies \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

As a precondition to my child participating in the camp, I agree to the following terms in their entirety:

**Assumption of Risk** I understand that participating in this camp entails inherent risks. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that my child may sustain as a result of participating in the camp unless caused by the gross negligence or willful misconduct of The Charles Finney School, its officers, agents or volunteers (the School).

**Liability Release** I release the School from any and all liabilities, claims, demands, actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury or property damage, arising from this activity unless due directly to the gross negligence or willful misconduct of the School.

**Statement of Physical Fitness** My child is fit and in a condition that will allow him/her to participate fully and safely in this activity. I understand that the School has not made, nor will make, any investigation into my child's physical fitness and are relying on my statement of my child's physical condition.

**Medical Insurance** I maintain medical insurance that covers my child for accidents and illnesses while participating in this activity. I understand that I am fully responsible for payment of medical expenses not covered by my insurance incurred as a result of my child's participation in the camp.

**Emergency Medical Treatment** I understand and acknowledge that every reasonable effort will be made to contact a parent/guardian in the event of an emergency before seeking medical treatment. In the event a parent cannot be notified, I hereby give permission to the School to secure proper treatment for my child, including having access to any and all medical records. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

**Emergency Medications** I understand that it is my responsibility to provide any necessary emergency medication to the camp director (example: epi pen for allergies).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date