

# OVER TIME

**kids day  
camp  
2018**

June 2, 2018  
10AM – 2PM  
Ages 2 – 6 Fee: \$15 per child  
Registration Form – Registration Deadline May 13, 2018

**Camper Info:**

Child's Last Name:

Child's First Name:

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Child's Address:

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Child's Age: \_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt size: (TODDLER) \_\_\_\_\_ (YOUTH) Small \_\_\_\_ Med \_\_\_\_ Lg \_\_\_\_

**Parent info:**

Parent Name:

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Parent Address:

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Parent Phone:

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Emergency contact and phone number:

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Medication taken:

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(Medications will NOT be given to child without pre-written consent)

Can your child be given: Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_

Exclude my child from following activities: (ADDITIONAL INFORMATION)

**Insurance Information:**

**Carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Policy Holder** \_\_\_\_\_ **Carrier Phone Number** \_\_\_\_\_

**Functions and Activities**

I understand that participating in programs, recreation and other activities of Christian Fellowship is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of 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 Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising 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 also agree to let the hospital or medical agent release the child or myself back to the church representative after treatment.

**Printed name of Parent/Guardian:**

\_\_\_\_\_

**Signature of Parent/Guardian:**

\_\_\_\_\_

**Date:** \_\_\_\_\_