

Application & Release

KIDS CAMP 2017

General Information: *(Please print/type clearly)*

T-SHIRT SIZE: YOUTH SM, MD, LG
ADULT SM, MD, LG, XL

Student Name: _____

Parent/Guardian Name(s): _____

Current Address: _____

City/State/Zip: _____

VP Number: () _____ Daytime phone Number:() _____

Evening phone Number:() _____ Cell Phone Number () _____

Personal E-mail: _____

In the event of emergency, what phone/email is the fastest way to reach you?

Student's birth date: _____

Current school your child attends: _____

Emergency Contacts: *(These are also contacts who you will allow to pick up your child in an emergency. This person must have an ID to be shown)*

(1) Name: _____

Relationship: _____

Phone/Email: _____

(2) Name: _____

Relationship: _____

Phone/Email: _____

Parental Consent Release:

I (we) hereby grant The Scranton School/KIDS Camp to photograph or otherwise depict our child, _____, and to publish any such depiction along with his name, age and address in connection with any publicity program or professional activity. I (we) understand that any depiction may be used in connection with newspaper articles, television, website, radio programs, motion pictures, school publications, professional journals, and in other proper circumstances.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Release Information

Name and address of newspaper(s) most often read in your home:



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Student Name: _____

Insurance Data: PLEASE attach a copy of the medical card to the application.

___ Medical Insurance ___ Medical Assistance (ACCESS)

Insurance Company/Plan Name: _____

Medical Consent:

A. I certify I have insurance in force to cover injuries, which may occur to my child while attending camp at The Scranton School/KIDS Camp . The Scranton School/KIDS Camp will not be responsible for medical expenses as a result of illness or an accident or emergency incurred while my child is a camper.

B. I give my consent for the The Scranton School/KIDS Camp staff to administer my child’s prescribed medication or other over-the-counter medicines (Tylenol, cough medicine) to be administered pursuant to the printed directions on the medication label.

C. I consent to allow The Scranton School/KIDS Camp staff to give proper medical attention to _____(Camper’s name.) Any hospital, offices, personnel and physician providing medical or surgical services to the above named child may rely on the consent or authorization executed by WPSD and the Scranton School with the same force and effect as if personally executed by me at the same time that such consent or authorization is obtained. I understand that I will be notified as soon as possible should such medical attention be needed.

D. The Scranton School/KIDS Camp staff has my permission to correspond with the family doctor of any of the clinics or schools where my child has been seen if a need is indicated.

E. I hereby release The Scranton School/KIDS Camp and its administration, directors, employees, agents and subcontractors, from any and all liability for bodily injury, or cost of medical treatment therefore, or injury incurred as a result of the administration of emergency treatment

Your signature below indicates consent for sections A, B, C, D, and E.

Signature of Parent/Legal Guardian Date

Disclosure Statement:

I (we) understand that The Scranton School/KIDS Camp is not responsible for personal items that may be lost or misplaced during camp. This includes, but is not limited to any clothing, glasses, cameras, jewelry, cell phones, smart phones, iPods, iPad’s, and hearing aids.

Signature of Parent/Legal Guardian Date

PARENT/GUARDIAN: PLEASE SEND THIS PAGE BACK TO Doug Boersma



Kids in Camelot!