

Safety Camp Registration

Please circle the camp you will be attending: June 27-30 or July 25-28

Name _____

Birth Date _____

Address _____

Contact Number _____ Email _____

Emergency Phone _____ Grade this Fall _____

School youth is attending this Fall _____

How many years have you attended Safety Camp? _____

Is there someone you would like to be in a group with?

Any special needs we should be aware of?

Waiver of Liability & Disclaimer:

In consideration of my son's/daughter's participation in the activities of Safety Camp, I, as a parent of legal guardians of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims or damages against Safety Camp and/or its sponsors for all claims arising or resulting from participating or being involved in said participation and that my son/daughter is in good health and has no physical or mental condition which would make it dangerous for my child or other participants when my child is involved in activities.

Consent:

I hereby, give permission to Safety Camp personnel to use photos or videos of my child in Safety Camp publicity. I consent to such uses and hereby waive all rights to compensation.

Emergency Authorization:

I hereby give permission to medical personnel selected by the Safety Camp, its personnel, directors, volunteers or sponsors to provide or seek emergency treatment (including x-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate the Safety Camp, its personnel, directors, volunteers or sponsors to arrange such care except as may be directed by medical personnel.

Parent/Guardian Name _____

Signature _____ Date _____