

Physics and Flight Summer Camp 2019

EMERGENCY MEDICAL FORM

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention while participating during a Camp Function, we request your authorization to act until you may be reached/available. Please read and complete the statement below. Your signature will provide the authorization that we will need. Thank you for returning this medical form to the Flight Camp Staff by check-in by the first day of camp (you may bring to check-in or send electronically)

STUDENT NAME _____ BIRTH DATE _____

HOME ADDRESS _____

HOME PHONE _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

Please name an alternate parent or family member that may be contacted in an emergency.

NAME _____ PHONE _____

HEALTH INSURANCE CARRIER _____ POLICY NO _____

PHYSICIAN'S NAME _____

ADDRESS _____ PHONE/FAX _____

Please note any medical condition of which we should be aware. _____

ALLERGIES _____

TETANUS BOOSTER _____ SPECIAL DIET: Diabetic _____ Other _____
Date

PRESENT MEDICATIONS _____

In the event that I cannot be reached and my son/daughter requires medical attention, I authorize a representative from the Council Rock School District, Physics and Flight Camp Staff to act on my behalf.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

The camp staff has standing orders to administer **Acetaminophen** (generic Tylenol) and **Ibuprofen** (generic Advil/Motrin) when necessary. I give my consent for my child to receive these medications when medically indicated.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CAMP PICK UP AUTHORIZATION

THIS FORM IS REQUIRED FOR EVERY CAMPER.

CAMPER'S NAME: _____

The following people **(PLEASE INCLUDE YOURSELF)** are authorized to pick up this camper from Physics and Flight Camp. I understand my child will be allowed to leave with only these individuals.

PHOTO IDENTIFICATION MAY BE REQUIRED.

Authorized Person's First Name AND Last Name please print and write legibly	Relationship to camper	Phone number include area code
		() -
		() -
		() -
		() -

NAMES OF PEOPLE NOT ALLOWED TO PICK UP CAMPER (please print):

1. _____

2. _____

Parent/Guardian Signature _____

Today's Date _____

Physics and Flight Summer Camp, 2019

Council Rock South High School Holland, PA

Photo Exclusion Form

Photos are being taken of your child _____ during the week from June 24 – 28 at Physics and Flight Summer Camp, 2019.

I give permission for Physics and Flight Camp, Council Rock School District, and JWW Educational Camps, LLC to use photos taken of your child on the Council Rock School District Website, Newspapers, future camp publications, and JWW Educational Camps, LLC. website.

Names will not be used next to photos other than those possibly appearing in Newspaper articles written about the camp.

Child's Name _____

Parent's Signature _____ date _____

Parent's Name (printed) _____

Please DO NOT use my child's photo in any way

ACTIVITY RELEASE FORM

Read Carefully Before Signing

ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: _____ Male Female Age _____

Parent / Guardian Name(s): _____ Parent or Guardian Phone Number(s): _____

Address (including city, state and zip code): _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Physics and Flight Camp, JWW Educational Camps, LLC, and Council Rock School District individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Physics and Flight Camp, JWW Educational Camps, LLC, and Council Rock School District does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Physics and Flight Camp, JWW Educational Camps, LLC, and Council Rock School District premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Physics and Flight Camp, JWW Educational Camps, LLC, and Council Rock School District,.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Printed Name of Participant: _____ Date: _____