

2010 SUMMER KIDS CAMP PARENT/LEGAL GUARDIAN CONSENT & MEDICAL RELEASE FORM

The purpose of this section is to inform the staff of any medical limitations or exceptions and to clarify the participant's present physical status.

Child's Name: _____

Current Medical Conditions / Emotional Disorders, etc. _____

Physical Conditions that would limit participation: _____

List Any Allergies / Medical / Dietary Restrictions: _____

We understand that the purpose of these camps is to communicate the good news of Jesus Christ's love and to assist Christian children to grow in their faith. Singing, games, crafts, sports, and other activities are oriented toward this purpose.

We understand that any participant who endangers other campers or fails to follow a basic set of camp rules will be sent home. Modesty in dress is also required. (Most campers will be in t-shirts and shorts.)

We understand that some activities present risk of injury to participants, and we and the participant agree to assume that risk. We agree to hold Southwest Bible Church and Kids Camp staff harmless from any liability for any injury to the participant or any other person or entity, when said injury is caused or contributed to by the conduct of the participant. We further agree to defend Southwest Bible Church and Kids Camp staff against any claim of liability asserted against them for any such injury to the participant. If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant. We, the undersigned parent or guardian of the above named participant, have read the above and represent to Southwest Bible Church Summer Kids Camp that the participant is physically and mentally able to participate (except as noted on the reverse) and thus grant permission to participate in all activities of the camp for which the participant registered.

Parent / Guardian Signature _____ Date ____/____/____

Front Office Use Only: Have Allergies Paid Complete Form Online ACS Complete