

# MUA Summer Community Camp 2017 Registration Form

## CAMPER INFORMATION

Camper's Full Name

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Birth-Date

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Grade

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Gender (please circle one)

Male or Female

## ADDRESS

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Street Address

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Street Address

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City

State

ZipCode

Parent/Guardian Information

Parent(s) Full Name

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Home Number

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Cell Number

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Email

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## **EMERGENCY INFORMATION**

Emergency Contacts Name and Relationship to Camper

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Phone Number

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Alternative Phone Number

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Does the camper have any allergies, chronic illness, or medical conditions? If yes, please describe.

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Is the camper prescribed an inhaler? If yes, please explain any instructions.

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## **CAMP INFORMED CONSENT AND ACKNOWLEDGMENT**

I hereby give my approval for my child's participation in any and all activities prepared by MUA Summer Community Camp during the selected camp. In exchange for the acceptance of said child's candidacy by MUA Summer Community Camp, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless MUA Summer Community Camp and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against MUA Summer Community Camp including all affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all camp activities. Some of these injuries include, but are not limited to, the risk of scrapes, cuts, bruises and insect stings.

## **Medical Release and Authorization**

As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to MUA Summer Community Camp and its affiliates including owners, managers and on-site adults to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_