



The Academy of the HOLY CROSS

SUMMER CAMP PARTICIPANT RELEASE AND WAIVER FORM

DATE

PARTICIPANT'S NAME

RELATIONSHIP TO YOU

PARTICIPANT'S ADDRESS CITY STATE ZIP PHONE

CAMP + DATES SCHOOL AND GRADE (FALL 2014)

Academy of the Holy Cross

LOCATION OF ACTIVITY

RELINQUISH OF CLAIMS AGAINST THE ACADEMY OF THE HOLY CROSS ONLY

I/We recognize and acknowledge that there are risks in my child's presence and participation in the Academy of the Holy Cross sponsored program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have The Academy of the Holy Cross including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child participates in while attending The Academy of the Holy Cross sponsored program.

MEDICAL RELEASE

Our permission is hereby given to The Academy of the Holy Cross representative of The Academy of the Holy Cross to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (Name Typed or Printed): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPANT MEDICAL INFORMATION

Name of Insurance Company: _____

Type of Plan: _____ Policy Number: _____

Individual to contact in case of Emergency: _____
NAME PHONE

Family Physician: _____
NAME PHONE CITY

Any known allergies or reactions of participant: _____

Any known medical condition of which the camp should be aware: _____

Any medicine the camper is currently taking and whether you need us to administer medicine at camp. If you would like AHC to administer medication(s) please list Name of Medication, Dose, Time, Dispensing and Storage Instructions and any possible side effect here: _____

CAMPER MUST BRING THE COMPLETED FORM TO THE FIRST DAY OF CAMP IN ORDER TO PARTICIPATE.