



# CAMP WILDCAT SUMMER 2018 REGISTRATION FORM



Indicate the name of the persons other than the parents who are authorized to pick up your child from camp:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Field Trip Permission (Senior Campers only)

I certify that I am the parent or guardian of \_\_\_\_\_ attending Camp Wildcat at St. Luke's Episcopal School. The above mentioned Summer Camp has my full permission to allow my child to attend a field trip off-campus. I agree to hold harmless and release from liability St. Luke's Episcopal School, or any employee or representative thereof, for any action, claim or damage that may arise as a result of my child's participation. In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event I/we cannot be contacted, my authorized signature below gives my/our permission to St. Luke's Episcopal School to secure prompt treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I give my permission for St. Luke's Episcopal School staff to use photographs of my child for purposes of publicity of publications, both internally and externally through various media sources, including but not limited to, newspaper, magazine, internet, and television.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Liability Release

I understand that participation in Camp Wildcat at St. Luke's Episcopal School involves potential, although highly unlikely, loss or damage to personal property and bodily injury. In consideration of my child being permitted to participate in the scheduled activity, I hereby release and hold harmless St. Luke's Episcopal School as sponsor, its officers, trustees, employees, affiliates and agents (the "Released Parties") from any and all actions, damages, claims, or demands which my child, our heirs, executors, administrators or assigns may have against the Released Parties for all bodily injuries, known misconduct or grossly negligent act, of any of the Released Parties. I, the undersigned, have read this release and understand its terms. I agree to follow, or cause to be followed, all directions of the Camp's leaders.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information and Release

Please list any allergies: \_\_\_\_\_

Please list any medical concerns or needs: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Physician's Phone : \_\_\_\_\_

Emergency Contacts other than parents:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize St. Luke's Episcopal School to take whatever emergency medical measures are deemed necessary for the care and protection of my child. I understand this may involve transporting my child to a doctor, or to a hospital, or contacting emergency medical personnel for assistance.

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