

Camper Parental Authorization

"Empowering Kids since 1999. Dream. Believe. Achieve!"

Camper Information

Camper Name:

Phone Number:

Age:

Email:

Birthday:

Blood Type:

Address:

School:

Are you currently taking any medication?

Allergies, existing illnesses or any medical conditions?

Authorization and Terms

- This camper has my authorization to engage in the activities of the **ABC Camp** program.
 - I guarantee that this camper will adhere to the rules and regulations of the camp.
 - I allow taking photography of this camper that can be used for **ABC Camp** portfolio or advertising.
 - I authorized **ABC Camp** to apply judgment in regards to medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent/guardian. I allow them to apply first aid, medical or surgical diagnosis and treatment as necessary.
 - I allow **ABC Camp** to provide or administer the medication or supervise in self-administration.
 - I release **ABC Camp** and any of its coaches, staff, and manager for any responsibility in case of accident, illness, or injury during this camper's enrollment.
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Parent/Guardian

Name:

Date Signed:

Phone Number:

Address:

For the Parent/Guardian

Name:

Date:

2894 Marietta Street, NC, 28110

(123) 123-4567 - www.campabc.com

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