

Arctic Blast 2010

Camper & Leader Information/ Permission and Release

Group Name: _____

Attending Leader's Name: _____

Personal Information:

Camper Leader

Dates of Attendance: _____

Name: _____ Date of Birth: _____ Grade _____ Male/Female
(circle)

Street Address: _____ Camper's Email _____

City: _____ State: _____ Zip Code: _____

Father's name: _____ Phone # Home () _____ Cell () _____

Mother's name _____ Phone # Home () _____ Cell () _____

Father's Email: _____ Mother's Email _____

Medical Information:

Date of last Tetanus Shot: _____

Known allergies, medical problems or physical limitations:

Person to contact in case of an emergency: _____

Relationship: _____ Phone # () _____

Insurance Information:

Insurance Company: _____

Policy # _____ Group # _____

Name of Policy Holder: _____

Permission Statement

I understand and certify that my child's participation in Lebanon's Arctic Blast activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Arctic Blast programs and particularly, but not limited to activities in the snow, football, broom ball, volleyball, snow tubing and other adventure related activities. I acknowledge that although Camp Lebanon has taken safety measures to minimize risk, Camp Lebanon cannot guarantee that the participants, equipment, premises, and/ or activities will be free of hazards, accidents and / or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by Camp Lebanon rules, regulations and procedures for the safety of camp participants.

In an emergency, I hereby give permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for my child as named above.

To be signed by participant

Date

To be signed by parent/guardian of those under 18

Date

By signing, I also grant permission for the use of any photos taken of the child named above in Camp Lebanon promotional materials.