



CAMP COPASS, INC.

8200 E. McKinney Street, Denton, TX 76208

940-565-0050 (phone) 940-382-9984(fax)

www.campcopass.com

CAMPER AND COUNSELOR REGISTRATION & HEALTH FORM

Name: _____ Date of Camp: _____ Sex: (M/F) _____

Birth Date: _____ Age: _____ Grade Completed by End of School Year _____

Street Address: _____ City _____ State _____ Zip _____

Name of Church Camper is attending Camp with _____ City _____

Parent/Legal Guardian: _____ Relationship _____

Phone Number: Daytime _____ Evening _____ Cell _____

Parent/Legal Guardian Email: _____

Emergency Contact Information Other Than Parent/Legal Guardian:

Name _____ Cell _____ Relationship _____

PARENT/LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Camp Copass agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the event at Camp Copass.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITIES

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Camp Copass, Inc., and its board members, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Camp Copass.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstance require. I further authorize Camp Copass health staff to render first-aid and to oversee the administration of medications as prescribed along with the dosage details by parent or guardian on the Dosage & Frequency Chart.

6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp's First Aid Station supervisor, or First Aid Station staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or Ibuprofen for mild fever or pain; Benadryl or Claritin for allergy symptoms; Pepto-Bismol for diarrhea; cortisone cream for bug bites; calamine lotion for poison ivy; swim ear drops for swimmer's ear, etc.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Camp Copass.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

PARENT/GUARDIAN'S SIGNATURE

DATE