

YMCA Camp Harrison Student Permission Form

Parent/Guardian: In order for your child to attend Camp Harrison this form must be filled out completely. The form is not complete without your signature and phone number.

School: _____

_____	_____	_____	_____	_____	_____	_____ / _____ / _____
Student's Last Name	First Name	Middle Initial	Male	Female	Date of Birth	
_____	_____			(_____)	_____	_____
Student's Home Address				Home Phone Number		
_____	_____	_____	_____			
City	State	Zip Code				

_____	_____			_____
Parent/Guardian's Name				Email Address
_____	_____			(_____)
Parent/Guardian's Home Address				Home Phone
_____	_____	_____	_____	
City	State	Zip Code	Cell Phone	

Name of Parent/Student's Insurance Company: _____

Policy Number: _____ **Insurance Company Phone:** _____

This form should be returned to your child's teacher as soon as it has been signed, and it must accompany the student to Camp Harrison.

I understand that YMCA Camp Harrison assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of equipment, exercise, or other activities. I expressly acknowledge that I assume the risk of any and all injuries and all illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge YMCA Camp Harrison at Herring Ridge, its agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I hereby give permission to the medical personnel selected by the camp director and or school supervisor to order x-rays, routine test, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the school supervisor to secure and administer treatment, including hospitalization, for my child.

I understand that no accident or medical insurance is provided with this activity. I give permission to YMCA Camp Harrison to use without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Camp Harrison programs and release the camp from any claim or liability to that use.

Parent/Guardian Signature

_____/_____/_____
Date

