

Emergency & Health Information Form

Please use one form for each child and print neatly

Camper

First Name: _____ Last Name: _____

Gender: _____ Birth date: _____ Age at the start of camp: _____

Primary Parent/Guardian

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Cell _____ Email: _____

Parent/Guardian

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Cell _____ Email: _____

Child resides with: _____

Additional Contacts

Please list two additional people that are allowed to pick your child up or to be contacted in the event of an emergency.

1. Name: _____ Relationship to child: _____

Phone: _____

2. Name: _____ Relationship to child: _____

Phone: _____

Please list the name(s) of any people who have restricted access to your child and the limits upon that access:

Health Information

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Insurance Information: Carrier: _____ Policy #: _____

Preferred Hospital: _____

Please list any medications your child is taking and the condition they are meant to treat: _____

Please place a check mark next to any of the following conditions that may apply to your child. If a condition is applicable, please tell us more about the nature of the condition.

- Allergies: _____
- Asthma: _____
- Dietary restrictions: _____
- Chronic or recurring illnesses: _____
- Special needs: _____
- Past relevant behavior issues: _____
- Please list any activities that your child should be excluded from during camp: _____

Release, Indemnification & Hold Harmless Agreement

In consideration of participating in Chester Bowl Improvement Club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the Chester Bowl Improvement Club (hereinafter referred to as CBIC) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in CBIC activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by negligence of the Releases. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume- and bear the costs of- all risks that be created, directly or indirectly, by such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable the remaining portions shall remain in full force and effect.

Parent/Guardian Authorization Section- Transportation/Medical

1. In the event that I/my child need immediate medical attention for injuries received while participating in a CBIC program, I authorize CBIC staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the Releases as needed for field trips, inclement weather, or late pickup. I also give my permission to participate in walking field trips.
3. I hereby acknowledge that the CBIC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file with the CBIC that indicates otherwise.
4. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If CBIC staff is required to administer and use the epi-pen and/or

medication, I agree to forever release and discharge the CBIC and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

General

1. I hereby release all pictures of myself or my child taken by the CBIC for promotional purposes and programming materials including the CBIC website.
2. I give permission for the CBIC to administer sunscreen as needed.
3. I give permission for my child to use "dangerous" tools such as pocket knives, hammers, hand saws, and other tools.
4. I give permission for my child to build camp fires, cook meals over camp fires, camp stoves and other devices.
5. I acknowledge that certain sections of this waiver may not apply to me/and or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participating in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the CBIC did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ Date _____

Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature _____
Print Name _____ Date _____