

# 2010

# Deep Freeze

## 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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

### 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: \_\_\_\_\_

### **Insurance and Health Information**

-While at Camp Berea each camper will be covered by a group accident policy. Since this is an "excess claims" policy all claims must be submitted to the camper's, parent's or guardian's insurance company first. Any deductible or unpaid balance may be submitted under Berea's limited insurance policy.

### **Permission Statement-**

**I understand and certify that my child's participation in Berea's Deep Freeze 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 Deep Freeze programs and particularly, but not limited to activities in the snow, football, riflery, broom hockey, volleyball, basketball and wall climbing. I acknowledge that although Camp Berea has taken safety measures to minimize risk, Camp Berea 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 Berea 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 parent or guardian for those under 18

\_\_\_\_\_  
Date

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