

**Camp CCBA - 2010**  
**Permission and Health Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HEALTH INFORMATION/SPECIAL CONCERNS**

Please list any health information (medications, allergies, etc) or any **special circumstances** staff should know about (custody issues, restraining orders, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SWIMMING ABILITY** (circle one)

Non-Swimmer      Beginner      Intermediate      Advanced

**PICK-UP: PHOTO ID NEEDED!! PARENTS, INCLUDE YOURSELF!**

I give permission for the Camp CCBA staff to release my child to the following person(s).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMISSION STATEMENT**

I understand that participation in athletic/recreational activities may involve some risk of physical injury and, in consideration of the CCBA's acceptance of this registration, I hereby assume such risk on behalf of my child, and I hereby waive and release any and all rights or claims for damages my child(ren) have against the CCBA, its employees, representatives, agents, successors, and assigns for any and all injuries suffered by my child at any activity sponsored by Camp CCBA.

I also understand that, in registering my child(ren), I give permission for him or her to be treated with First Aid and/or to be transported by ambulance to an emergency medical facility. Further, I give permission for my child(ren) to go on Camp CCBA field trips and to be photographed while participating in camp activities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Second child on back)