Camp CCBA
Permission and Health Form

Child’s Name: ________________________________ Age: ________
Child’s Name: ________________________________ Age: ________
Child’s Name: ________________________________ Age: ________

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, for more than one child circle and write their name)
Non-Swimmer/Beginner Intermediate Advanced

PICK-UP: PHOTO ID WILL BE NEEDED! INCLUDE YOURSELF!
I give permission for the Camp CCBA staff to release my child to the following person(s).

Name: ________________________________ Relationship: _____________
Phone: ________________________________

Name: ________________________________ Relationship: _____________
Phone: ________________________________

Name: ________________________________ Relationship: _____________
Phone: ________________________________

Name: ________________________________ Relationship: _____________
Phone: ________________________________

Name: ________________________________ Relationship: _____________
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.

Parent/Guardian Signature: ________________________________
Date: ____________________________