

Camp CCBA

Permission and Health Form

Child's Name: _____ Age: _____

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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: _____

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: _____