



WESTERN NEW YORK  
**IMPACT FOUNDATION**

**2018 Impact Summer Day Camps  
Camper Information and Release Form**

Please complete all information by **printing** clearly.

Camper's Name: \_\_\_\_\_  
FIRST LAST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Grade completed: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone: ( ) \_\_\_\_\_ Work/Cell Phone: ( ) \_\_\_\_\_

Second Parent Name: \_\_\_\_\_

Second Parent Home Phone: ( ) \_\_\_\_\_ Work/Cell Phone: ( ) \_\_\_\_\_

Emergency Contacts (Please list two people to contact in case of an emergency)

Contact 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Camper Profile** (Please answer these questions so we can know your child better)

My child has these restrictions to physical activity: \_\_\_\_\_  
\_\_\_\_\_

My child is most happy when: \_\_\_\_\_  
\_\_\_\_\_

My child is likely to be nervous, afraid or timid about: \_\_\_\_\_  
\_\_\_\_\_

My child has allergies to (food, medications, insects, etc.): \_\_\_\_\_  
\_\_\_\_\_

Other special concerns & comments: \_\_\_\_\_  
\_\_\_\_\_

My child's physician is: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

My child's insurance carrier is: \_\_\_\_\_ Group & Policy #: \_\_\_\_\_

**Child Pick-Up Authorization**

I authorize ONLY the following persons to pick up my child at the end of each day. List yourself if you will be picking up your child in addition to the names you provide. ALL persons will be ID checked at pick-up time and will need to sign out your child. Anyone not listed on this form will NOT be allowed to pick up your child!

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**BE SURE TO READ CAREFULLY AND SIGN THE BACK OF THIS FORM!!!**

**Please read carefully and sign below...**

As a parent/legal guardian of the child listed on this form, I grant permission:

- For them to be involved in any and all Impact Summer Day Camp programs at and sponsored by the host congregation, including any and all scheduled and special events.
- If my child is in need of regularly scheduled or emergency medicine during Impact Summer Day Camp, for a volunteer of the host congregation to manage and administer ONLY the medications I provide in clearly marked and labeled containers with all necessary instructions included.
- In the event I cannot be reached in an emergency, for the child to be taken to a doctor or hospital as selected by Impact Summer Day Camp director or emergency personnel, share the information listed on this form and authorize any needed medical treatment, understanding that my insurance is primary coverage for any such incidents.
- For any video images, photographs, and/or audio recordings of the child to be used and distributed as the Western New York Impact Foundation deems fit on an anonymous basis unless otherwise permitted by the child and parent.
- To release the child's contact information for use in a database to be notified of other Western New York Impact Foundation and related programs.
- For those I authorized to pick up my child at the end of each day.

As the parent/legal guardian of the child listed on this form, I hereby assent to this agreement on my own behalf and on behalf of the child and their heirs and assigns. I further accept unto myself all responsibility and all liability for any injury, death, or other loss or damage that occurs to the child as a result of the child's participation in any and all Western New York Impact Foundation programs. I release the Western New York Impact Foundation and will indemnify and hold harmless the Western New York Impact Foundation, the host congregation, their agents, affiliates, and successors from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action that may be brought as a result of the child's participation in any and all Western New York Impact Foundation programs.

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

Please mail this completed form along with your payment to the  
Impact Summer Day Camp site you are registering for.

If you are registering for more than one site,  
please send a copy to each site you are registering for.