

# II SECOND'S PLACE

*Lessons a Father would teach his son*

Please fill out separate forms for each child:

Camper Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*In case of emergency if the parents or guardians cannot be reached, please list additional person that we can contact. This person may NOT be the parents or guardians listed above:*

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all individuals authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photo Release:** I authorize the II's Camp staff members to take photographs and / or videos of my child while participating in II's Camp programs. I understand that II's Camp may use these photographs and videos for internal and external purposes including (but not limited to) press releases, websites, and ministries publications.

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

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

## **Second's Place Camp Medical and Liability Release and Wavier Form**

### Purpose:

To release CW Parker Ministries and Second's Camp from any and all liability for the claim(s) of a participating camper and/or the claim(s) of such camper's parents or legal guardian that might arise as a result of the camper's participation in the summer camp and its programs and activities.

I/We recognize the possibility and risk of injury associated with my/our child's participation in the summer camp. In consideration of Second's Camp accepting my/our child as a registrant for and participant in the camp, as the parent/legal guardian of

\_\_\_\_\_, date of birth: \_\_\_\_\_, I/we hereby release, discharge and/or otherwise indemnify Second's Camp and agree not to seek or to hold Second's Camp responsible, its agents, employees, and CW Parker Ministries from any claim(s) by or on behalf of the camper or myself/ourselves for injuries of any kind, including but not limited to those caused or allegedly caused by the negligence of Second's Camp, its agents, or its employees, as a result of or in connection with the camper's participation in the summer camp and its programs and activities.

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

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

## MEDICAL INFORMATION

### Purpose:

To enable parents and guardians to authorize medical and, or, dental treatment for any participating camper who becomes ill or injured while in any program or activity in or related to Il's summer camp, when the parents or guardians cannot be reached.

As the parent/legal guardian of \_\_\_\_\_  
date of birth: \_\_\_\_\_, I/we request that, in my/our absence, the above-named camper be admitted to any hospital or medical facility for diagnosis and treatment; and, I consent to such admission, diagnosis, and treatment. I/we request, consent to, and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

The following apply(-ies) to the above minor child (please check all that apply and leave blank if not applicable):

\_\_\_\_\_ diabetes    \_\_\_\_\_ epilepsy    \_\_\_\_\_ heart condition    \_\_\_\_\_ hearing loss    \_\_\_\_\_ vision loss  
\_\_\_\_\_ asthma, medication prescribed: \_\_\_\_\_  
\_\_\_\_\_ physical limitations If so, specify: \_\_\_\_\_

Allergies to: \_\_\_\_\_ food    \_\_\_\_\_ medication (If so, please specify below)

Allergies / Medical Concerns / Medications (attach additional information if needed):

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

Any other medical problems which should be noted:

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to be notified if parent/guardian is unavailable: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

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