

Family Information and Releases (PLEASE PRINT CLEARLY)

Father's name _____ Business # _____ Cell # _____

Father's e-mail _____

Mother's name _____ Business # _____ Cell # _____

Mother's e-mail _____

Are there any custodial problems the camp should be aware of? _____

Local Emergency Numbers in Order of Importance:

1. _____
Parent/Guardian Home # Office# Cellular#
2. _____
Parent/Guardian Home # Office# Cellular#
3. _____
Other/State Relationship Home # Office# Cellular#
4. _____
Other/State Relationship Home # Office# Cellular#

RELEASE/WAIVER:

I/we hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Camp W.A. and Westminster Academy®, and any and all employees from liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child/legal ward, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in athletic and camp activities, or while in, on or upon the premises where the activities are being conducted or travel to and from camp. Camp W.A. is hereby granted permission to use any individual or group photographs taken at camp showing my child(ren) for publicity purposes. I hereby release Westminster Academy® from any responsibility or liability for any lost, stolen, or damaged personal property which my child(ren) brings to camp.

Signature of Parent/Guardian _____

Please indicate the insurance company and policy number under which your child is insured:

Company _____ Policy Number _____

EMERGENCY TREATMENT AUTHORIZATION:

I _____ hereby approve emergency treatment by the hospital and/or physician for my child. I will assume financial responsibility for bills incurred through my insurance company. I understand that Camp W.A. is **NOT A PEANUT FREE ENVIRONMENT**. My child is allergic to the following medications or has the following allergies, including food allergies:

Parent's Signature _____ Date _____