

UU Super Hero Comic Camp

All Souls Summer Camp Registration

August 8-13, 2022, 1:00-4:00 pm

Registration is limited to campers (entering grades 1-6 in the fall of 2022)

PLEASE PRINT

Child's full name: _____ Grade in fall of 2022: _____

Age: _____ Date of Birth: _____ Preferred Pronouns: _____

Important Health Information:

My child has: _____ physical restrictions
_____ food or other allergies
_____ other issues of which staff should be aware

Please explain:

Please list any medications your child will be taking while at camp:

Is there anything about your child that the camp staff needs to know or that you would like for them to know?

Parent/Guardian Information:

Name of parent/guardian: _____

Best Phone: _____

Mailing Address: _____ City/State/ZIP: _____

Email Address: _____

Alternate Emergency Contact: _____ Phone: _____

Enrollment Fee: \$75 on or before July 1

_____ check enclosed

_____ I would like to volunteer my time and talents in exchange for the camp fee

_____ please contact me about the availability of financial assistance

Scholarships: Scholarship priority is given to church members and those willing to volunteer in the Summer Camp Program. To request a full or partial scholarship, please write a note to the Director of Children's and Youth Program, Shannon Boston, and enclose it with your registration form.

Medical Release & Field Trip Authorization

Must be completed & signed annually by a parent or guardian.

I, _____ (name of parent or guardian), am the parent or legal guardian of _____ (child's name). I give my consent for them to participate in any and all events, activities and field trips sponsored and endorsed by All Souls Unitarian Church (All Souls) during the period from August 1 to October 31 the following year of the date of the signing of this document.

I give my consent and authority for the All Souls staff and designated adult volunteers to take action to help ensure the safety, health and welfare of my son/daughter/ward. I also empower and authorize the All Souls staff and designated adult volunteers to authorize medical personnel, physicians and hospitals that they select to provide all medical care and treatment, including but not limited to hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery, injections and prescriptive drugs for the health of my child. I understand that I am responsible for any charges incurred. I also authorize the release of any and all information necessary to provide for the medical care and treatment.

I acknowledge that by participating in All Souls sponsored events my child/ward may be involved in activities occurring both on and off church property, during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicles, involving the preparation and consumption of food and involving the use of tools, equipment, fire and other materials. I further acknowledge that by participating in All Souls related activities, my child/ward may become involved in recreational and sporting activities, including but not limited to hiking, climbing, bicycle riding, rafting/canoeing, frisbee, laser tag, yoga and bowling. Accordingly, I acknowledge that participation in All Souls sponsored activities involves certain dangers and risks and may expose my child to hazards of bodily injury and property damage.

In recognition of these risks and in consideration of my child/ward being allowed to participate in and benefit from these All Souls sponsored events, I agree on behalf of myself and my child/ward to release, waive and disclaim any and all liabilities of, or claim against All Souls, its officers, board members, staff, agents, servants, employees and all persons volunteering services without charge to transport, supervise and/or chaperone my child/ward while participating in such All Souls sponsored activities, including but not limited to any and all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued as a result of my child/ward participating in such All Souls sponsored events.

I understand that this document is valid for all of the current church year, unless revoked in writing and delivered to the business office of All Souls. I further understand that it is my responsibility to keep current information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

While All Souls Unitarian Church has put in place preventative measures to reduce the spread of COVID-19, by coming to the church you assume the risk that you and/or your child(ren) may be exposed to or infected by COVID-19 and you, on your own and on behalf of your children, release, discharge, and hold harmless the church, its employees, agents, and representatives, of any and all claims related to COVID-19.

A photocopy of this consent form shall be as binding as the original.

Signature of Parent or Legal Guardian

Date

Signature of Witness

Date

Describe any medical conditions or special needs, including medications and allergies, that your child has that you believe that the All Souls staff and volunteers should be aware of to better provide his or her care:

Emergency Contact other than parent/guardian _____

Phone numbers _____

Medical Insurance Carrier _____ Policy # _____ Group # _____

Insect Repellant & Sunblock Release: I agree that All Souls may apply Sunscreen and/or insect repellant as activities warrant.

Signature of Parent of Guardian

I agree that All Souls may use photographs or video recordings of my child for use in promotional materials.

Signature of Parent of Guardian