

# 2017 Summer Release Form—Monte Vista Christian School

2 School Way, Watsonville, CA 95076 831-722-8178

## Student information:

Completion of this form is necessary for participation. Please return with payment.

**Sport Camp** \_\_\_\_\_ **Dates** \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current school: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian:

Custodial Parent(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional Caregiver: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Medical Information:

Please list an emergency contact other than the Custodial Parent(s):

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Camper's Physician & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

What conditions/concerns such as allergies, medical, behavioral or physical conditions, or any special needs should the Summer Camp staff be aware of? \_\_\_\_\_

Feel free to add additional information on the other side.

## Permission:

Medical- In the event that the undersigned, or our (my) authorized physician, cannot be reached, and in the judgment of the director or other staff member of the Monte Vista Christian School Summer Camp, there is a necessity for immediate examination and/or treatment of our (my) child (ward), we (I) hereby authorize any of the personnel to obtain for said child such medical services. \_\_\_\_\_

Initial please

**Hold Harmless:** As a condition of my child's (ward's) voluntary participation in the Summer Camp programs, I agree to waive any claim and to hold Monte Vista Christian School harmless for additional injuries to my child (ward), providing Monte Vista Christian School and/or its agents have acted with reasonable care to provide safe conditions and adequate supervision for school sponsored activities.

Initial please

**Promotion:** I hereby give permission to Monte Vista Christian School to use my child's (ward's) picture in promotional materials and press releases.

Initial please