

# C.A.S.E.S. SUMMER DAY CAMP, C.A.S.E.S. & TEEN CAMP ENROLLMENT FORM

## CAMPER(S) INFORMATION

Name: _____		Sibling name: _____	
Date of birth(s): ___/___/___ Age ___ 2 <sup>nd</sup> child ___/___/___ Age ___	Shirt size ___ (Y) (A), 2 <sup>nd</sup> child size ___ (Y) (A)	Last grade completed: _____ 2 <sup>nd</sup> child: _____	
Current address: _____			
City: _____	State: _____	ZIP Code: _____	

## FATHER'S CONTACT INFORMATION

Current employer: _____		
Fathers name: _____		
Home phone: _____	Work phone: _____	Cell: _____
E-mail address: _____		

## MOTHER'S CONTACT INFORMATION

Current employer: _____		
Mother's name: _____		
Home phone: _____	Work phone: _____	Cell: _____
E-mail address: _____		

## EMERGENCY CONTACT INFORMATION

In case of emergency call: _____	Phone: _____
Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
My child(ren) can be picked up by the following person (must be 18 years of age or older, show proof of identification, and authorized by the parent)	Initials: _____
1 <sup>st</sup> . Name: _____	Phone: _____
2 <sup>nd</sup> Name: _____	Phone: _____

## MEDICAL INSTRUCTIONS

Special instructions be specific medical or behavioral consideration : \_\_\_\_\_

I give permission for camp staff to administer medication with specific instruction. Initial here (      ). Use reverse side of application to write more information.

## Waiver of Liability (PLEASE READ BEFORE SIGNING)

I, the parent or guardian of \_\_\_\_\_, hereby give my permission and approval for his/her participation in the C.A.S.E.S. Summer Day Camp, C.A.S.E.S. Teen Camp, or the Southwest Explorers Camp held at New Life Presbyterian Church and all activities of these programs. I do hereby release, absolve, indemnify and hold harmless the New Life Presbyterian Church and/or C.A.S.E.S. Summer Day Camp, C.A.S.E.S. Teen Camp, or the Southwest Explorers, and volunteers thereof, any or all of them. In case of an injury to my child, I hereby waive all claims against New Life Presbyterian Church, C.A.S.E.S. Summer Day Camp, the Southwest Explorers or any of the supervisors appointed by them. I likewise release from responsibility anyone transporting my child to or from activities related to C.A.S.E.S. Summer Day Camp, C.A.S.E.S. Teen Camp, or the Southwest Explorers. My child is covered by medical and dental insurance and I will assume liability for accidents and injuries incurred during the C. A.S.E.S. Summer Day Camp, C.A.S.E.S. Teen Camp, or the Southwest Explorers held at New Life Presbyterian Church. In the event of an emergency, I authorize permission to seek immediate attention for my child.

I have read the C.A.S.E.S. Parent Handbook and understand all policies and procedures, and agree to adhere to them at all times. I have been given my own copy of the handbook and authorize my child to participate in CASES Summer Camps. Initial here [ \_\_\_\_\_ ].

I understand the Waiver of Liability indemnity that the policies and procedures are necessary for the well being and safety of the children.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

**Check session(s) your child will attend: Session 1 ( ) Session 2 ( ) Session 3 ( ) Session 4 ( ) Session 5 ( )**