



# CAMP EXPLORATION

## Emergency Form

### Registration



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's E-Mail Address \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ ☎ \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Mother / Primary Legal Guardian \_\_\_\_\_

Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father / Secondary Legal Guardian \_\_\_\_\_

Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Physician \_\_\_\_\_ ☎ \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Persons to contact in case of emergency, (if we can not reach you):

Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

Persons authorized to pick up your child:

Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

Name \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cell ☎ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Consent, Authorization, and Release

- 1) This Consent, Authorization, and Release Form is for said minor, \_\_\_\_\_, who will here to for be referred to as "The Minor."
- 2) This Consent, Authorization, and Release Form is provided to the Director and staff of Camp Exploration, operating as Kids Make a Difference for children in the New Jersey and Pennsylvania areas.
- 3) This Consent, Authorization, and Release Form is applicable to any and all such trips and activities connected with Kids Make A Difference.
- 4) The Minor has my consent to participate in all trips, activities, and programs which s/he attends. There are no limitations or restrictions of any kind whatsoever on such participation unless this line is initialed \_\_\_\_\_ with an explanation attached.
- 5) The Minor has been instructed by me, and understands and agrees to comply with all rules, regulations, and code of conduct established by the Director and the official instructions and directives of all authorized staff, volunteers, and other agents of Kids Make A Difference.
- 6) You are expressly authorized to engage appropriate health care providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under circumstances. If you are not able to timely contact me for instruction, you are to act as my authorized agent and at my sole cost and expense. There are no exceptions or limitations or other special instructions in connection with the foregoing unless the line is initialed \_\_\_\_\_ with an explanation attached to this page. This authorization is given pursuant to the provisions of New Jersey and Pennsylvania Law.
- 7) Unless this line is initialed \_\_\_\_\_ and I have provided you with specific instructions, directions, or other specific data to the contrary, attached to this page, you may assume that The Minor has no medical disabilities, allergies, or other limitations of any kind whatsoever that might in any way limit participation.
- 8) I expressly release and agree to indemnify and hold Kids Make A Difference, its Director, and all authorized staff, volunteers, and other agents, free and harmless from any and all liability, charges, claims, costs, and expenses of every kind and nature whatsoever, including reasonable attorney fees in connection with the acceptance and participation of The Minor in said trips, activities, and programs. The foregoing Release is without reservation of any kind except only for such acts or omissions on your part that arise out of your intentional or negligent wrongdoing and without fault of any kind on the part of The Minor, or on my part in failing to disclose pertinent information to you.
- 9) I represent to you that I have sole, full, and legal power and the right to execute this Consent, Authorization, and Release, and that you will rely on my representations.
- 10) If this Consent, Authorization, and Release is signed by more than one person, all references of the singular shall include the plural jointly and severally.

I DECLARE, UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATES OF NEW JERSEY AND PENNSYLVANIA, THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION, AND RELEASE, THAT I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY, TO MY COMPLETE SATISFACTIONS, THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT.

Parent / Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signer's Name Printed \_\_\_\_\_ Relationship to Minor \_\_\_\_\_