



Terms and Conditions Form

Dear Parents/Guardians,

The following is to be carefully read and signed by the parents/guardian of camper(s):

1. Registration of the child identified below shall not be complete by Camp 4 Star unless this "Terms and Conditions" form is signed by the Parent/Guardian of the Child herein.
2. Knowing and having been informed of the potential dangers and risks associated with summer camp and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the facilities, the Camp Director, all camp staff and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's participating in the above camp. These Terms and Conditions extend to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians or anyone else who might assert a claim on our behalf.
3. I hereby consent to permit all staff and volunteers working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. I also understand that my primary health insurance is to be the only insurance responsible for any accidents or potential claims that occur at camp and that Camp 4 Star and all staff and volunteers are in no way responsible for any injury or for payment via insurance for any injury or other issues my child may come across.
4. I hereby consent to taking photographs, movies or videotapes of my child by Camp 4 Star or its designated representatives to be used in any advertising or marketing efforts.
5. Camp 4 Star reserves the right, at the sole discretion of the Camp Director, to dismiss a child whose conduct or influence is disruptive, uncooperative, etc., or in the opinion of the Camp Director, contrary to the best interests of the Summer Camp program, among which is unauthorized leaving of the grounds. In all of the aforementioned cases, there will be no refund of any part of the program fee.
6. I am aware that the playing, practicing and participation in any activity can be dangerous, involving many risks including serious injury or death. I hereby assume all the risks associated with my child's participation. I understand that the camp does not provide medical or accident insurance for camp enrollees.
7. Camp 4 Star, its staff and volunteers shall not be responsible for clothing, jewelry, cell phones, or other personal possessions that are lost, stolen or damaged.
8. Camp 4 Star may cancel camp session due to any unforeseen circumstances during the week of camp such as extreme weather or illness(es).

Camper's Name: (Please Print):

Parent / Guardian's Name: (Please Print)

Parent / Guardian's Signature: _____ **Date:** _____

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS FORM AND MEDICAL FORM

Medical Report and Certificated for Camp 4 Star

This report is to be filled out completely by the parents/legal guardian and returned with the application. In the event of a medical emergency, we will seek emergency medical attention for your child. By signing the consent form below, you make it possible for us to get medical help quickly. Doctors are reluctant to provide medical care without your permission or a signed consent form. In the event of an emergency, medical expenses are the responsibility of the parents.

Camper's Name: _____ Birth Date: _____

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone numbers where parent(s)/guardian(s) may be reached: (Please circle the phone number to be called FIRST)

Home: _____ Work (father): _____ Work (mother): _____

Cell (father): _____ Cell (mother): _____

Please provide an alternate name or contact information in case you cannot be reached:

Alternate Contact Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Family Physician: _____ Physician's Phone: _____

Is your child in good health now? Yes ☐ No ☐ If answer is no, please explain: _____

If your child has come into contact with any communicable disease during the three weeks prior to camp, please list here: _____

Please list any medications your child is taking: _____

All medications must be given to the nurse, who will dispense to your camper as needed.

If your child has any allergies, please list them here: _____

Medical Consent Form

We, the undersigned parents or guardian of the above named child, a minor, do hereby give our consent to the participation of our son/daughter in the activities of Camp 4 Star and hereby release and forever discharge Camp 4 Star and its offices from any and all liability for injuries sustained while participating in camp activities. We also hereby authorize the treatment, administration, of anesthesia and surgical treatment(s) for our minor child in the event of a medical situation occurring during both the time at camp or when the hospital or physicians are unable to contact us. The authorization extends to any hospital and both physician and nursing personnel where treatment is rendered, including a physician's office. We release from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary for my minor child.

FATHER'S/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

MOTHER'S/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____