Concordia Christian Academy Summer Camps

2022-2023

REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: ☐ **Female** ☐ **Male** **Age:**_____

School: _____

Grade attended year 2022-2023:_____

Home address: _____

City: _____**State/Province:** _____ **Postal/Zip Code:** _____

Country: _____ **Home Phone:** _____**Cell:** _____

Parent email: _____

Mother's name:_____ **Father's name:**_____

Mother's day phone:_____ **Father's day phone:**_____

Mother's cell:_____**Father's cell:**_____

Person's Authorized to pick up child:_____
(Please provide a copy of their ID)

Other Dismissal Arrangements_____

Emergency contact_____ **Relationship:**_____**Phone:** _____

Specify any of your child's health problems:_____

Is your child on any medication? No Yes If so, please specify:_____

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

(over)

REQUIRES PARENT'S SIGNATURE

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child_____ as they may deem advisable.

Parent/Legal guardian name_____Date_____

Parent/Legal guardian Signature_____Date_____

Student Allergies_____

Student Medical Problems_____

Doctor _____Phone number_____

Insurance carrier _____Policy number_____

Who is financially responsible for the student? _____

I hereby give permission to **Concordia Christian Academy** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Concordia Christian Academy (CCA).** I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **CCA, its employees, and its staff** from liability to the above-named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **CCA,** including any event sponsored or sanctioned by **CCA** and or travel to and from such activities.

I understand that **CCA** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **CCA** or its scheduled program and that **CCA** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and agree to comply.

Parent Signature_____Date_____