

APOSTOLIC CHRISTIAN CHURCH Eastern Camp

Susquehanna University, Selinsgrove, PA

MEDICAL RELEASE & LIABILITY FORM

(This form **MUST** be completed for all campers age 17 and under attending Eastern Camp without a parent present)

Name of Camper _____ Age on last day of Camp _____

Home Address _____
Street Address, City, State & Zip

Information to be completed by parent - please print

Name of Parent 1 _____
Name Phone Number

Name of Parent 2 _____
Name Phone Number

Information about special conditions/allergies that we need to know about:

To the best of my knowledge, my child is in good health. I will notify the Camp if my child is exposed to an infectious disease during the three (3) weeks prior to arriving at camp. In the case of medical emergency, I understand every effort will be made to contact parents. In the event I cannot be reached, I hereby give permission to the physician selected by the guardian to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above.

Parent's Initials: _____

KNOWN ALL MEN BY THESE PRESENT, that we _____ and _____
(Name of Parents) Please print

do hereby remise, release and forever discharge the **APOSTOLIC CHRISTIAN CHURCH**, and its administrators, agents, assigns, and personal representatives, of and from all manner of actions, causes of actions, claims and demands for, upon, or by reason of damage, loss or injury, which against the **APOSTOLIC CHRISTIAN CHURCH**, I or my child ever had, now have, or which my child ever had, now has, or may have in the future, or which I or my child's heirs, executors, administrators, or personal representatives hereafter can, shall or may have for or by reason of any matter, cause, or thing whatsoever.

(First Parent's Signature) Legal Signature Date _____

(Second Parent's Signature) Legal Signature Date _____

Name of Guardian _____

Guardian Cell # _____

(Guardian's signature) Legal Signature Date _____

This form must be completed before your registration will be processed.