



REGISTRATION

Camper's Name: _____

Parent/Guardian's Name: _____

Street Address: _____

City, State, and Zip: _____

Phone Number: _____

Email Address: _____

Camper's School: _____

Camper's Grade: _____

Camper's Homeroom Teacher: _____

Parent/Guardian's Signature: _____

T-shirt (please circle): XS S M L XL XXL Youth or Adult

Can your child swim? Yes No Do you give your child permission to swim? Yes No

Does your child have a bathing suit? Yes No If no, what size? _____ Child or Women's

***** PLEASE COMPLETE REVERSE SIDE *****

ALL information is needed in order to be able to participate. Please return all information to your school office by **Friday, May 3, 2019**.

CAMP SUNSHINE

Parental/Guardian Consent and Waiver And Medical Information

The undersigned person is the parent or guardian of the child named below who will be attending Camp Sunshine, a youth program sponsored by the Junior Auxiliary of Oxford on Friday May 31 and Saturday, June 1, 2019. On behalf of my child and my child's family, I hereby acknowledge that we are aware that there is a potential risk of injury to my child as a result of my child's participation in the activities available at Camp Sunshine. In consideration for the right of my child to participate in Camp Sunshine, my child and my child's family are willing to assume all risks related to my child's participation in Camp Sunshine, and furthermore, hereby waive all potential claims or legal rights against the Junior Auxiliary, its officers, directors, members, agents. I release Camp Hopewell and all its employees from all claims on account of any injuries, which may be sustained while attending the camp, and I agree to indemnify Camp Hopewell and its employees from any claims that may hereafter be presented as a result of any such injuries.

Print Name of Child

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

In case of an emergency and the parent/guardian cannot be reached, please provide **two** other contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Please inform JA if your child has any of the medical problems listed below:

YES	NO	
_____	_____	Head, eye, ear, nose, or throat problem?
_____	_____	Seizures?
_____	_____	Nervous system or psychiatric disorders?
_____	_____	Respiratory or breathing problems?
_____	_____	Heart problems?
_____	_____	Bleeding problems? Sickle Cell disease?
_____	_____	Diabetes or blood sugar abnormalities?
_____	_____	Muscle, joint, or bone problems?

Any other medical conditions not listed above and any known allergies:

Please initial following statement either yes or no:

Junior Auxiliary may give my child emergency medical attention if needed.

_____ Yes _____ No

I give Junior Auxiliary of Oxford full rights and permission to photograph and video my child and to use those photographs and videos as Junior Auxiliary of Oxford sees fit.

Signature of Parent/Guardian