

## Church Where Day Camp is Being Held: <u>First Presbyterian Church of Marshfield</u> Town/St: <u>Marshfield</u>, WI Date: July 31-August 3, 2023

I understand and certify that my child's participation in Daycholah Center's (DAYCHOLAH CENTER) Day Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and I acknowledge that although DAYCHOLAH CENTER and the church have taken safety measures to minimize the risk of injury, DAYCHOLAH CENTER and the church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by DAYCHOLAH CENTER and the church's rules, regulations and procedures for the safety of participants. I waive any claim against DAYCHOLAH CENTER and the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

**AUTHORIZATION FOR TREATMENT:** In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the VBS Day Camper.

In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

**AUTHORIZATION FOR TRANSPORTATION:** I hereby give permission for my child to be transported for off-site outings.

**AUTHORIZATION FOR USING LIKENESS:** I hereby give permission for photographs/ video including my child and/or myself to be used in the promotion of DAYCHOLAH CENTER and/or the ELCA, and First Presbyterian, Faith Lutheran, and Good Shepherd churches.

**COMPLIANCE WITH ELECTRONICS POLICY:** I understand that DAYCHOLAH CENTER does not allow any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

**2022-2023 PROGRAM REGISTRATION:** Please use this form for Program Registration at (check appropriate box):

□ FPC □ Faith Lutheran □ Good Shepherd (check as desired)

Signature of Camper's Parent/Guardian

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name			
Last		First	MI
Preferred Name			D Female D Male
Telephone			Birth Date
Home Address			
Street	City	State	Zip
Email:			
Parent/Guardian—In an emergency	ı, notify:		
Name			Telephone
Relationship			
Location while camper is VBS Day	Camp		
Who will be picking your child up?_			
HEALTH HISTORY			
Does the camper have any conditio explain.			
Does the camper have any allergies	s, i.e.: food, meds, e	etc? If so, describe reac	tion and treatment.
Please provide any information regachild.	arding your child tha	t you think would be he	Ipful to VBS staff working with your
Do you carry family medical/hospita		Yes 🗌 No	
f so, indicate: Carrier Policy or Group #			