

Cooperstown Bible Camp Release Form

Name of Camper: _____

Parent\Guardian: _____

Home Phone: _____ Work/Cell _____

Emergency Contact Name _____

Home Phone: _____ Work/Cell _____

Health Insurance Co. _____ Policy #: _____

Date of the last tetanus shot: : ____/____/____ .

Are all immunization shots up to date? Yes _ No _

Indicate any health conditions the camper may have or had:

(Please us an additional sheet of paper for any explanations)

Seizures Heart Trouble Asthma Diabetes Bleeding Disorders

Allergies: _____

Other: _____

Does the camper have any chronic health, emotional or bedwetting problems?

Yes __ No __

If camper is exposed to any contagious diseases within 3 weeks prior to camp, you must obtain a doctor's written permission before sending the camper.

If camper requires any medications, he or she must turn them in to the camp health officer at registration and the health officer will administer them as needed. Leave prescription drugs in original containers along with directions for the camp health officer when registering at camp.

CBC has taken reasonable measures to ensure that our camp's programs and activities, including, but not limited to, adventure course, zip line, climbing wall, horsemanship, canoeing, riflery, archery and swimming have been made safe. In any camp activity, inherent risks exist and can result in serious injury. If you do not want your camper to participate in any specific activities, please exclude them in writing on a separate sheet of paper and attach it to this release form. Phone calls are not acceptable for exclusion.

I assume the risk of all injuries to my child and release and discharge CBC, it agents and employees from any and all liability which may result from injury to my child. I give permission for my child to participate in all camp activities, on and off campus hikes or field trips-except as noted by me in writing. In case of emergency, if I cannot be reached, I hereby give permission to the physician selected by the Executive Camp Director or his representative to hospitalize, secure treatment for and to order x-rays, injection, anesthesia or surgery for my child.

I also agree that any photographs or video of my child taken at camp or written comments made by me or my child may be used by CBC for art, advertising or promotion. I waive my right to inspect or approve the finished product or copy.

Date ____/____/____

Signature of Parent/Guardian

MAIL TO:
Cooperstown Bible Camp
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Cooperstown, ND 58425

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(701) 797-2176 Fax
mail@cooperstownbiblecamp.com

Visit us online at: www.cooperstownbiblecamp.com