



STUDENT PERMISSION WAIVER

FCA Coed Lacrosse Camp
Gettysburg College – Gettysburg, PA
July 15-19, 2012



NOTE: Parent/Guardian MUST send this form to the FCA Lacrosse Office or have this form present at registration to be permitted in camp

CAMPERS INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE NUMBER:		AGE:	
DATE OF BIRTH:			

PARENT / GUARDIAN CONTACT INFORMATION

FIRST NAME:		LAST NAME:	
CELL NUMBER:		HOME NUMBER:	
WORK NUMBER:		EMAIL:	

PARENT / GUARDIAN CONTACT INFORMATION

FIRST NAME:		LAST NAME:	
CELL NUMBER:		HOME NUMBER:	
WORK NUMBER:		EMAIL:	

EMERGENCY CONTACT – AUTHORIZED FOR EARLY PICK-UP OF CAMPER

FIRST NAME:		LAST NAME:	
CELL NUMBER:		HOME NUMBER:	
WORK NUMBER:		RELATION TO CAMPER:	

ADDITIONAL PERSON(S) – AUTHORIZED FOR EARLY PICK-UP OF CAMPER

FIRST NAME:		LAST NAME:	
CELL NUMBER:		HOME NUMBER:	
WORK NUMBER:		RELATION TO CAMPER:	

Signature _____ Date _____

Medical Information:

1. List and explain any known physical defect or illness which might interfere with the camper's participation in strenuous activity.
2. Does the camper have any severe allergies or reactions to drugs or medicines? Explain.
3. List any medications the camper is presently taking or any special diet or exercise restrictions. (List name of drugs, dosage, etc.)
4. Indicate the date of last Tetanus shot _____

5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

6. Is your son / daughter living with: BOTH PARENTS ONE PARENT GUARDIAN OTHER

HEALTH INSURANCE INFORMATION

Insurance Company:		Phone Number:	
Policy Number:			
Medical Doctor:		Phone Number:	

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Student Participant Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for Camp Trainer and Camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported in an authorized FCA vehicle for FCA activity locations.

Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry, or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

Swimming Ability

_____ Allowed in Water _____ Not Allowed in Water

*All FCA Camps that offer water activities will require a swim test for each student to pass in order to participate.

Other Information

List any other information that leaders should know about the camper participant: _____

I represent that I am the parent/guardian of , who is under 18 years of age. I have read the above Student Participant Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Participant Form, including the Release of Liability above, on behalf of the student and agree that this Student Participant Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian Date

Print Name of Parent or Legal Guardian

Witness Signature Date