



**PLEASE COMPLETE AND SIGN CAMP WAIVER**

Parent's / Guardian's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

List any Health issues that would impede running, jumping, and strenuous exercise in dusty, wet or grassy areas at the camp. (Please describe):

\_\_\_\_\_

My child, \_\_\_\_\_ has permission to participate in the Tega Cay Camp Cadet activities. This is my assurance that my child can participate to the fullest extent in any activity.

**PLEASE READ THE FOLLOWING TEGA CAY CAMP CADET REGULATIONS**

I do hereby certify this child is physically fit and capable of participating in camp activities and also give my permission for the camp directors to seek medical care for my child if needed, and I will be fully responsible for all cost. I understand that the Tega Cay Camp Cadet is not responsible for any items that are lost/ damaged that belong to the child. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge the Tega Cay Camp Cadet it's agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. In addition, I give my permission for any photographs taken of my child to be used on the Tega Cay Camp Cadet Website or for promotion. The Tega Cay Police Department accepts no responsibility for injuries either intentional or accidental which may occur in route to, from or while attending the camp.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ ( Child's name) hereby make my application to attend Camp Cadet operated by the Tega Cay Police Department in cooperation with civic service, fraternal organization, industry, pro-regulations set forth by the director of the camp to ensure success.

Applicants Name / Signature \_\_\_\_\_

## EMERGENCY DATA FORM

\*\*\*You **MUST** have completed and returned this form in order to attend the Camp. No Campers will be allowed to attend without having done so.\*\*\*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

If parents cannot be reached, call: \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Check if you have had a history of:

( ) heart trouble      ( ) epilepsy      ( ) diabetes      ( ) other health impairments

Please explain any items checked. Use back side of page if needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any known allergies (particularly medications). \_\_\_\_\_

List any medications \_\_\_\_\_

I agree to allow my child to be photographed for social media/news Circle YES or NO

**Parental Permission Statement:** I give my consent for my child to participate in the Camp Cadet program to be held on the week of *June 17-21, 2019* I certify that to the best of my knowledge my son/daughter has no physical limitations or handicaps that will prohibit his/her participation in normal physical activity. I have described any special considerations concerning physical activities of which you should be aware. If I or the emergency contact person cannot be reached and the seminar authorities believe that medical treatment may be warranted, I agree to assume all costs for moving and medically treating my child. I also hereby agree to allow the Camp Cadet authorities to provide consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be deemed necessary by the treating physician or dentist.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date