

# ACU LEADERSHIP CAMPS 2008 PARENT RELEASE FORM

Please return completed form **within ten days** of registration to:  
ACU Leadership Camps  
ACU Box 28108  
Abilene, Texas 79699-8108

Please attach  
a recent  
wallet-sized  
photo here

*Please print or type. This information will be used to identify participants and is confidential.*

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Grade in 2008-2009 \_\_\_\_\_

Camp: (circle one)	Kadesh Learning to Lead	Mpulse KidQuest	Cross Training	Session: (circle one)	1 2 3
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Parent or guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Individual / Group # \_\_\_\_\_

## PARENT/GUARDIAN SIGNATURE REQUIRED FOR ENROLLMENT

I approve this application and the conditions listed here and on the registration website, and I hereby certify that my child is willing and able to adhere to the camper guidelines. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child. I grant permission for my child to participate in **every** activity offered at camp. I understand that as a participant, my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials or other publications including the camp website. I also understand an address book is published at the conclusion of each camp session that will include my child's name and address.

★ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

★ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Camper signature required (if applicable): I also understand and agree to abide with the restrictions placed on my camp activities, as listed on my registration information.*

Signature of camper \_\_\_\_\_ Date \_\_\_\_\_