

ACU Leadership Camps 2010 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 2010 -2011 _____

Camp:

Kadesh	Mpulse	Cross Training
Learning to Lead	KidQuest	

 Session:

1	2
3	

(circle one) (circle one)

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 _____