

Camper Parental Authorization

"Empowering Kids since 1999. Dream. Believe. Achieve!"

Camper Information

Camper Name

Phone Number

Age

Email

Birthday

Blood Type

Address

School

Are you currently taking any medication?

Allergies, existing illnesses or any medical conditions?

Authorization and Terms

- This camper has my authorization to engage in the activities of the ABC Camp program.
- I guarantee that this camper will adhere to the rules and regulations of the camp.
- I allow taking photography of this camper that can be used for ABC Camp portfolio or advertising.
- I authorized ABC Camp to apply judgment in regards to medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent/guardian. I allow them to apply first aid, medical or surgical diagnosis and treatment as necessary.
- I allow ABC Camp to provide or administer the medication or supervise in self-administration.
- I release ABC Camp and any of its coaches, staff, and manager for any responsibility in case of accident, illness, or injury during this camper's enrollment.

**Parent/Guardian
Name**

Date Signed

Phone Number

Parent/Guardian Signature

Address

2894 Marietta Street, NC, 28110
(123) 123-4567 - www.campabc.com



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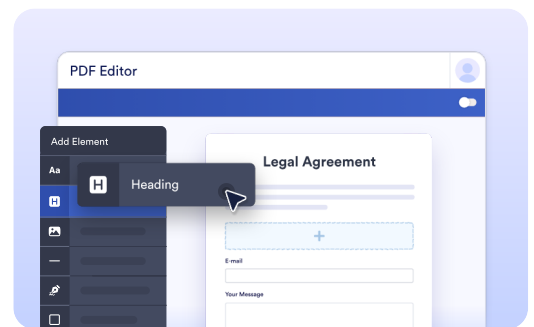
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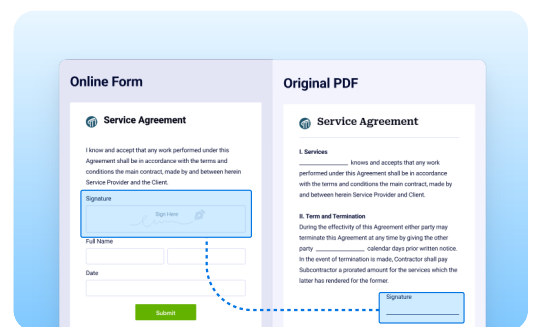
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