



OCH Wellness Connection Kids Camp Registration Form

Camp Date: () July 5—8 () July 19-22

Camper's Name: _____ Gender: M F Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Phone (Cell): _____ Phone (Work): _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Email: _____

Allergies: Does your child have any allergies such as foods or latex? NO YES (If YES, please explain.)

Emergency Medical Permission: In the event of a health emergency, I authorize OCH Regional Medical Center/OCH Wellness Connection to seek emergency care for my child. In the event of any accident or health problem which may require the attention of a physician, I may be contacted at (phone) _____. If I am not available, _____ may be contact at (phone) _____ and is authorized to act on behalf of my child.

Consent to Photograph: I, the undersigned, consent to the use, reproduction and publication by OCH of pictures or recordings taken of my child during the program for publicity purposes.

Parent/Guardian Signature _____ Date _____

Acknowledgement of Risk of Injury/Release and Waiver: I understand this is an "active" camp and various physical activities will take place daily. I understand minor cuts, scrapes, bruises, soreness, etc. may result from such activities. In consideration of my child's participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify OCH their respective employees, members, officers and other staff members from liability to us and our child for any and all claims. I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered. By submitting this registration form I agree to the terms listed above and provide my signature as proof of acceptance.

Parent/Guardian Signature _____ Date _____