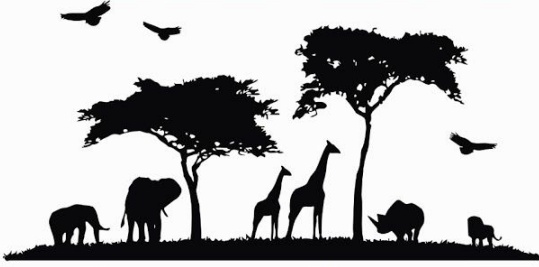


HE LIVES IN YOU



Safari Adventure

August 16, 17 & 18, 2019



CAMPER & STUDENT ASSISTANT REGISTRATION FORM

Participant's name: _____
Birth date: _____ Grade in September 2019: _____ Sex: _____
Parent/Guardian's name(s) & Relationship to Participant: _____

Home address: _____
Preferred phone: _____ Preferred email: _____

Please provide Emergency Contacts and phone numbers to be reached, during camp hours:

#1 Emergency Contact name: _____
Relationship to Camper: _____ Emergency Contact phone: _____
#2 Emergency Contact name: _____
Relationship to Camper: _____ Emergency Contact phone: _____

MEDICAL INFORMATION

The parish should be aware of the following medical information & specific conditions. We will take reasonable care to see that the following information will be held in confidence.

Health Plan Carrier: _____
Group #: _____ I.D. #: _____
Subscriber's Name & Relationship to Camper: _____
Medical conditions of my (our) child: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? If so, please explain: _____

Please check if applicable: [] We prefer to send a small snack & drink from home, as opposed to the snack & drink provided by camp. Snack & drink must accompany child in a bag with their full name.

Any physical limitations? _____

continued...

Immunizations - is the student up to date? Please include date of last tetanus/diphtheria immunization:

Medication(s) child is taking at present: _____

[] An emergency/rescue medication will need to accompany my child. *Please check if applicable, and provide necessary additional information. See note (*) for further directives.*

Name of emergency/rescue medication & purpose: _____

***My child will bring all such necessary medication(s) to camp each day, and such medication(s) will be placed in a zip-lock bag labeled with my child's full name, and include the doctor's prescribing order (name of medication and concise directions for use of medication, including dosage and frequency of dosage). Parent/guardian will be responsible for bringing the medication to the designated First Aid Station, as well as picking up the medication at the conclusion of each camp day. We strongly urge parent/guardian of a child who carries an emergency/rescue medication to be present as a volunteer for the duration of camp. Please contact the Rectory for more information.**

Please note: We will NOT provide non-prescription medication (such as acetaminophen, ibuprofen or throat lozenges) to any child for the duration of the camp. A First Aid Station will provide bandages and cool packs as needed, for small accidents and superficial abrasions.

Parent/guardian and/or subsequent Emergency Contacts provided on page 1 will be contacted in the event of an emergency. In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor. _____ *Initial here*

I/We grant permission for my (our) child to participate in this parish event. This permission includes all related programs or events associated with the event. My (Our) child understands and agrees to abide by all rules and regulations established by the parish for the duration of the event. _____ *Initial here*

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by the above named minor ("participant"). In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in this activity, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend St. Joseph Church, and the Diocese of Allentown, Bishop Alfred A. Schlert, and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the camp (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. _____ *Initial here*

We have read carefully this entire (pages 1 and 2) Camper & Student Assistant Registration Form and agree to its terms and intend to be bound hereby.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____