



PERSONAL INFORMATION

Camper's Last Name _____ First Name _____

Health Insurance Carrier _____

Policy Number _____

Plan Number _____

If neither parent nor guardian is available in an emergency, please contact:

1. _____

Daytime Phone _____

2. _____

Daytime Phone _____

List any allergies and treatment necessary:

IMMUNIZATIONS: Please attach a copy of current immunizations.

Waiver and Release

Acknowledging that participation in activities carries with it a risk of physical injury, I agree that Studio 613, Inc., its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Camp 613 program at any time preceding, during or after camp is in session and I hereby discharge Studio 613, Inc., its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Studio 613, Inc has the right to use all photographs or videos taken of my child during camp for advertising or promotional material.

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all Camp 613 activities without need of individual or specialized attention or medical regimen. I agree to notify Camp 613 of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I here-by consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the accredited camp counselors, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible. **I have read and accept the above conditions and camp policies.**

CONSENT FOR SWIM ACTIVITIES

I GIVE MY CHILD _____,
PERMISSION TO PARTICIPATE IN ALL CAMP SWIMMING ACTIVITIES.

CONSENT FOR ICE-SKATING ACTIVITIES

I GIVE MY CHILD _____,
PERMISSION TO PARTICIPATE IN ALL CAMP ICE-SKATING ACTIVITIES. HIS/HER SHOE SIZE IS _____.

I have read and accept the above conditions and camp policies.

Parent or Guardian Signature _____

Date _____