

# release form

## CAMPER INFORMATION Please fully complete this section

|                    |            |   |              |
|--------------------|------------|---|--------------|
| First Name:        | Last Name: | Gender: Male <input type="radio"/> Female <input type="radio"/> | Age:         |
| Address:           | City:      | Province:   | Postal Code: |
| Phone:             | Email:     |   |              |
| Church:            |            |   |              |
| Parent / Guardian: | Phone:     |   |              |
| Parent / Guardian: | Phone:     |   |              |

## CAMPER MEDICAL Please fully complete this section

|   |                       |                         |  |
|---|-----------------------|-------------------------|--|
| Health Care Number:   | Expiry Date: mm/dd/yy | Date of Birth: mm/dd/yy |  |
| Family Doctor:  | Phone:                |                         |  |
| Emergency Contact: Not parent / guardian                              | Phone:                |                         |  |
| Allergies:  | Medication:           |                         |  |
| Additional Information Regarding Concerns, Needs, Conditions, ETC.... |                       |                         |  |

## AGREEMENT OF RELEASE AND CONSENT Completed by parent or guardian

Form must be fully completed and signed. Information provided will be held in strictest confidence and used only by a designate of Bayside Camp in the case of an emergency.

By signing this agreement I release Bayside Camp, its trustees, directors, society members, staff and agents from any loss, personal injury, accident, misfortune or damage to the registering camper on this form or his / her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the registering camper. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the Camp Director and / or camp designate to secure medical advise and services as may be deemed necessary for the health and safety of the camper. I also understand I will be responsible for any additional expense that may result from such services.

I understand the safety and security of campers and guests of Bayside Camp are of utmost concern for Bayside Camp; therefore, Bayside Camp reserves the right to dismiss (without refund) any camper who in the opinion of the Camp Director and / or camp designate is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp.

I understand that Bayside Camp is a non-profit, Christian camp and incorporates Biblical values and teaching into all programming. I also understand the camper will be required to participate in all programming as deemed appropriate for their camp, retreat or event.

Furthermore, I consent to allow the camper to appear in photographs, videos and other forms of professional materials and / or reproductions of these materials, used for the promotion of Bayside Camp and / or events associated with Bayside Camp.

|       |            |                |  |
|-------|------------|----------------|--|
| Name: | Signature: | Date: mm/dd/yy |  |
|-------|------------|----------------|--|

## SUBSCRIPTION FOR ELECTRONIC AND PRINT UPDATES FROM BAYSIDE CAMP Optional

I would like to subscribe to receive electronic and print updates from Bayside Camp using the listed addresses: Yes  No

Please note that to ensure you receive emails from us without delay add [info@baysidecamp.org](mailto:info@baysidecamp.org) to your address book.

Bayside Camp does not share personal data collected, including e-mail addresses, names, addresses or other potentially sensitive information with any other business or ministry. It is collected for the sole purposes of communicating directly with you. You can unsubscribe at any time by emailing us at [info@baysidecamp.org](mailto:info@baysidecamp.org) with "unsubscribe" in the subject field.