

YMCA CAMP CHEERIO OUTDOOR/ADVENTURES EDUCATION PROGRAM
Parents Agreement and Consent Form
(Camp Cheerio Use Only)

STUDENT'S NAME _____ Date _____

Home Address _____

In order for your child to participate in this educational experience, it will be necessary for him/her to have your permission as well as providing required information. Please complete the following information and return this form promptly.

1. I, _____ give permission for my child
(Parent/guardian's name)

_____ To participate in the Outdoor Education Program at
(Child's name)

YMCA Camp Cheerio Adventure in Mouth Of Wilson, VA. I understand my child/children will be participating

on _____ and will participate in education experiences as an
(Dates)

extension of his/her classroom curriculum. _____
(Parent/guardian signature)

2.

The Camp Director reserves the right to decline the application of any child, or send home any child who, according to the Director's discretion, is not a desirable associate for the other campers, or puts him/herself or others at risk.

I give my permission for my child to leave the Camp Grounds with authorized YMCA Camp Cheerio staff for scheduled trips and outings.

Assumption of Risk/Release and Waiver.

I acknowledge and understand that there are inherent risks involved in the activities which my child will engage in during the Program. I assume all inherent risks and other risks of the Program and accept responsibility for any property damage and loss and for any personal injury, illness, disability, emotional distress, and/or death that my child may suffer. In consideration of YMCA Camp Cheerio allowing my child to participate in the Program, including various field trips which may be taken from time to time, I agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify YMCA Camp Cheerio from any and all claims, causes of action, liability, losses, costs, or damages arising out of or related to any property damage, property loss or theft, personal injury, disability, death or loss suffered or incurred by me or my child from my child's participation in YMCA Camp Cheerio activities, field trips or the Program. "YMCA Camp Cheerio" shall mean The Young Men's Christian Association of High Point, Inc., a North Carolina non-profit corporation, including its employees, directors, officers, members, and agents. "Program" shall mean all activities of my child while in the care and custody of YMCA Camp Cheerio. "Child" shall mean the camper named above for which I am parent or guardian. I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

Certification of Ability to Participate, Medical Authorization, Permission to Treat.

I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Program and other YMCA Camp Cheerio activities for which he or she has been registered. I hereby give my consent to the medical personnel selected by the Camp Director to

provide and/or order medical treatment, x-rays, and/or medical testing and to provide or arrange necessary transportation for the child named above, all at my expense. In the event I cannot be reached in an emergency, I hereby give my consent to the Camp Director or his chosen agent to secure, and to act as my agent in consenting to, medical and/or surgical treatment, including hospitalization, surgery, and/or anesthesia, and to release to any physician and/or treatment facility or hospital information relating to any pertinent medical history, treatment and/or medical insurance coverage for the child named above. This form may be relied upon as giving my express consent for medical and/or surgical treatment by any physician, hospital, medical facility, or any other entity involved in the medical and/or surgical treatment of the child named above. This form may be photocopied.

(Parent/guardian signature)

3. The phone number where I may be reached in case of emergency is:

Day _____ or _____

If I cannot be reached, contact:

(Name) (Relationship) (Telephone)

(Name of child's regular physician) (Telephone)

INSURANCE INFORMATION: Name of Insurance company: _____

GROUP NUMBER AND POLICY NUMBER: _____