

4RKids Foundation
2019 SUMMER CAMP APPLICATION

Date of Application: _____
Individual's Name: _____
Nickname or Preferred Name: _____
Birthday: _____ Age: _____
Diagnosis or Symptoms: _____

Parent or Guardian Name: _____
Address (street, city, zip): _____

Home Phone: _____ Cell Phone: _____
E-Mail: _____ Would you like to receive emails from 4RKids? Yes No

How can we contact you while your child is at camp? (Parents encouraged to stay.)
Phone # A: _____ type (mobile, work, etc.): _____
Phone # B: _____ type (mobile, work, etc.): _____
How did you hear about the workshop? _____
Food Allergies: _____

Doctor's Name: _____ Hospital Pref.: _____
Phone Number: _____ or _____
Other emergency contact: _____ Phone Number: _____

RELEASE FROM LIABILITY AND AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of the undersigned child's participation in the above program and to the extent allowed by Law, we hereby consent for said child to participate in the 4RKids Summer Camp and hereby release said organization, and all of its officers, employees, paid and unpaid staff (volunteers), from any and all liability or any kind or character arising out of said child's participation in such program and its activities, or any accident, illness or injury resulting therefrom, and agree to indemnify and hold harmless the organization and its officers, employees, paid and unpaid staff (volunteers) from and against any and all such claims, if any.

I (We) further consent for any adult leader of said activity to secure emergency medical treatment for my child which may be considered to be necessary in a situation in accordance with generally accepted standards with medical practices for the particular type or injury or illness involved.

This Release and Authority shall be valid and binding for the activity in which said child participates unless previously revoked in writing.

Child's Name

Parent / Guardian Signature Date



PHOTO PERMISSION SLIP

I, _____ (name of parent/guardian), give permission

for photographs (both digital and printed) and video, if applicable, of,

_____ (name of participant), to be used by 4R Kids and their

representatives for marketing and publicity for the organization from this date

until revoked in writing.

Signature (Parent or Guardian, if applicable)

date