

Camper Name: \_\_\_\_\_

Lighthouse sports Camp

Age: \_\_\_\_\_



**Parent Consent and Medical Release Form**

**To Whom It May Concern:**

The undersigned does hereby give permission for my/our son/daughter, \_\_\_\_\_ to attend and participate in **Lighthouse Christian Academy Athletic Activities** during the summer of 2018. I/We give permission for my/our son/daughter to participate in any athletic activities in connection with summer athletic programs.

I/We authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical and dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We do herewith authorize the treatment by this authority and is granted only after reasonable effort has been made to reach me/us the parent(s) and/or guardian(s).

I/We the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it become necessary for my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release will be in effect for the duration of summer activities. My signature also serves to indicate my/our willingness to take full financial responsibility for any and all medical services rendered to be billed for any and all medical fees and services should they be needed for the named participant. I/We hereby release Lighthouse Christian Academy from this liability.

The undersigned does hereby release and agree to hold harmless Lighthouse Christian Academy and their employees, agents, or representatives from any and all liabilities and claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever, which may be incurred by my/our son/daughter that occur within the effective dates stated above and/or while said minor is participating in the above mentioned activities.

**Medical Release Information**

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than listed above): \_\_\_\_\_ Phone: \_\_\_\_\_

**All medications are to be in original containers and given to the activity leader upon arrival. Every participant MUST have this form completed to participate in any activity. Please keep a copy for your personal records.**

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**Child**

First \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
Shirt size \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2018) \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information (if different than above)**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Lighthouse Sports Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of Lighthouse Christian Academy.

Parent's/Guardian's Initials \_\_\_\_\_

Lighthouse Christian Academy and camp organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**TURN IN ALL PAYMENTS TO THE LIGHTHOUSE FRONT OFFICE**