

Phone Number: _____ Camper's First Name: _____ Last Name: _____
(please list primary contact #)

Chatham Day Camp
Summer Day Camp 2012
MEDICAL INFORMATION

The entire package including this form must be SIGNED
and returned to camp by **June 1, 2012** in order for your camper to attend camp.

Primary Caregiver I _____ Primary Caregiver II _____

Address _____ Address _____

City/State/Zip: _____ City/State/Zip: _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Cell Phone _____ Email _____ Cell Phone _____ Email _____

If the above cannot be reached, in case of emergency, please contact:

Name _____ Relationship: _____

Address _____ Home Phone () _____

City/State/Zip _____ Work Phone () _____

INSURANCE INFORMATION

I authorize Chatham's Day Camp, or its authorized representatives, to take whatever actions it may consider to be warranted under the circumstances regarding my camper's health and safety, and I fully release and discharge Chatham and its authorized representatives from any and all liability for such circumstances or actions as may or may not be taken in connection therewith, unless arising from gross negligence or willful misconduct by Chatham. If you cannot reach me or any person listed above, I further authorize Chatham, or its authorized representatives, at their discretion, to place my camper, at my expense and without further consent, in a hospital for medical services and treatment.

Chatham requires that parent/guardian have medical insurance coverage for their camper and Parent/guardian will not hold Chatham responsible for any medical charges during the time period that his/her camper attends Chatham's Day Camp. This includes all related costs such as deductible insurance charges, emergency vehicle fees and other associated costs.

Medical/Hospital Insurance Information

Carrier _____ Policy or Group #: _____

Please indicate any current medications or health related information on the reverse of this page.

Signature (Primary Caregiver I) _____ Date: _____

***This form must be returned in order for your child to attend camp**

Chatham Music and Arts Day Camp
College for Continuing and Professional Studies
Chatham University
Woodland Rd.
Pittsburgh, PA 15232
Fax-412-365-1720

Phone Number: _____ Camper's First Name: _____ Last Name: _____
(Please list primary contact #)

MEDICAL INFORMATION CONTINUED
Chatham Day Camp 2012

In order for the camp nurse to properly care for your camper, please provide any pertinent medical information below. Please return this form even if your camper does not have any existing medical conditions.

Medical Conditions

Please list any existing medical conditions (including allergies) that the nurse should be aware of: (Attach an additional page if needed)

Medications

Is your camper taking any medication? Please list.

If your camper is on any prescribed medication that you wish the camp nurse to administer, please send a week's supply on Monday of EACH week with your camper. Medication can be turned in to your camper's division director at drop-off or given to the camp nurse at the assembly in the chapel. Medication must be provided in the original pharmacy bottle and labeled with instructions from the pharmacy/physician. **THERE WILL BE NO EXCEPTIONS.** If your child has a rescue inhaler or Epi-Pen they will be allowed to carry it with them, if it can be determined that the camper has been trained to self-administer. If your child has allergies or a serious medical condition we recommend that you contact the camp office prior to the start of your child's camp session to schedule an appointment with the camp nurse.

Please review the document and the information you provided at the time of registration. Add any additional information.

**Return signed Medical Form by mail or fax (no later than June 1st 2012) to:
*This form must be returned in order for your child to attend camp**

**Chatham Music and Arts Day Camp
College for Continuing and Professional Studies
Chatham University
Woodland Rd.
Pittsburgh, PA 15232
Fax-412-365-1720**

Phone Number: _____ Camper's First Name: _____ Last Name: _____

(please use primary contact #)

Chatham Day Camp 2012

PARENT/GUARDIAN AGREEMENT

I have read all of the information sent to me from Chatham's Day Camp programs. I understand that my child's participation in Chatham's Day Camp programs is completely voluntary. I have instructed my child to obey all rules, regulations, and instructions of Camp personnel. I understand that Chatham has the right, in its discretion, to dismiss my child from the program(s) if my child's conduct, at any time, is found to be detrimental to the Camp. I also understand and agree that such dismissal will be done without refund of any fees or charges.

In consideration of the opportunity for my child to participate in Chatham's Day Camp and in the activities thereof (collectively "Camp"), I release and forever discharge Chatham University and its agents, employees, officers, directors and representatives ("Chatham") from any and all liability arising out of or in any way related to my child's participation in the Camp, unless arising from gross negligence or willful misconduct by Chatham.

I have read this document and understand that it is an agreement giving up certain legal rights against Chatham and I do voluntarily enter it. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full force and effect.

Signature (Parent/Guardian)

Signature (Parent/Guardian)

Date

Date

**Return signed agreement by mail or fax ASAP (no later than June 1st, 2012) to:
*This form must be returned in order for your child to attend camp**

**Chatham Music and Arts Day Camp
College for Continuing and Professional Studies
Chatham University
Woodland Rd.
Pittsburgh, PA 15232
Fax-412-365-1720**

Phone Number: _____ Camper's First Name: _____ Last Name: _____

(please use primary contact #)

Chatham Day Camp 2012

**ACKNOWLEDGEMENT, AUTHORIZATION
AND RELEASE OF LIABILITY**

Warning: There are significant elements of risk inherent in any adventure, sport, or training (referred to herein as "activity").

Acknowledgements of Risks: I recognize the fact that there are inherent risks in any type of activity. These risks may result in serious injury or death. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions. I also understand that despite safety precautions, Chatham cannot guarantee that a camper will not be injured.

Express Assumption of Risks and Responsibility: In recognition of the inherent risks of the activity that [I] [my child] will engage in, I affirm that [I am] [my child is] physically and mentally capable of participating in the activity and/or using the required equipment. I realize it is [my] [my child's] responsibility to inform the facilitator of any medical condition and/or physical activity concern [I] [my child] may have, and to limit participation in any way [I deem] [my child deems] appropriate. [I participate] [my child participates] willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death, and any expenses as the result of my child's negligence. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

Termination of Activity: I recognize Chatham may find it necessary to terminate an activity due to forces of nature, medical necessities, or problems in the group; and/or terminate the participation of any person Chatham determines in its discretion to be unable to meet the rigors or requirements of participating in the activity. I accept Chatham's right to take such actions for the safety of myself, my child and/or other participants. I acknowledge that no guarantees have been made by Chatham with respect to activity objectives.

Authorization: I hereby authorize my child to receive any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Release: I hereby release Chatham, its agents, employees, officers, directors and representatives ("Chatham") from any and all liability arising out of or in any way related to the activity unless arising from gross negligence or willful misconduct of Chatham.

I have read and understand the foregoing acknowledgement of risks, assumption of risks and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

Parent/Guardian's Signature: _____

Date _____

**Return signed release by mail or fax ASAP (no later than June 1st, 2012) to:
*This form must be returned in order for your child to attend camp**

**Chatham Music and Arts Day Camp
College for Continuing and Professional Studies
Chatham University
Woodland Rd.
Pittsburgh, PA 15232
Fax-412-365-1720**

Phone Number: _____ Camper's First Name: _____ Camper's Last Name: _____

Chatham Day Camp 2012 Photo Release Form

I hereby grant Chatham University and Chatham's Day Camp permission to use my camper's likeness in photograph(s), in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Chatham University, in perpetuity, and for other use by Chatham University. I hereby waive the right to inspect and approve the finished photographs. I will make no monetary or other claim for the use of the(se) photograph(s).

Camper (Print full name and age):

_____ Age: _____

Parent/Guardian's Legal Name (Print full name):

Parent/Guardian's Signature:

_____ Date: _____

Address:

Street Address

City, State, Zip

Telephone Numbers

Return signed Photo Release by mail or fax ASAP(no later than June 1st, 2012):

***This form must be returned in order for your child to attend camp**

**Chatham Music and Arts Day Camp
College for Continuing and Professional Studies
Chatham University
Woodland Rd.
Pittsburgh, PA 15232
Fax-412-365-1720**