



WATERMARKS CAMP, INC.

MEDICAL CONSENT FORM/LIABILITY RELEASE

(TO BE FILLED OUT BY PARENT OR GUARDIAN)

1145 James River Road - Scottsville, Virginia 24590 - Phone (434) 286-4403 - Fax (434) 286-3549
www.watermarkscamp.com

CAMPER:

Name: _____ Dates Attending: _____

Address: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Entering Grade: _____ Gender: _____ Male _____ Female

Did you come as an individual or with a group? _____ Individual _____ Group

Name of Group: _____

PARENT/GUARDIAN (IF UNDER 18 YEARS OF AGE):

Name: _____ Home Phone: _____

Mother's Daytime Phone: _____ Cell Phone: _____

Father's Daytime Phone: _____ Cell Phone: _____

HEALTH/MEDICAL:

Health/Medical Problems: _____

Drug/Food/Other Allergies: _____

Last Tetanus: _____ Regular Medications: _____

Activity Restrictions: _____

Special Diet Needs: _____

Family Doctor: _____ Phone: _____

Insurance Name: _____ Phone: _____

Policy Holder: _____ Birthdate of Policy Holder: ____/____/____

Policy #: _____

Watermarks Has Permission to Administer:

_____ Ibuprofen _____ Tylenol _____ Benadryl _____ Neosporin/Triple Antibiotic Ointment



EMERGENCY CONTACT:

Name: _____ Phone: _____

The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. I understand that my child(ren) may be transported by bus, van or automobile to locations off the Watermarks campus as part of the program activities, and I hereby give my permission for my child(ren)'s transportation. I also grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.

Parent/Guardian Signature

Date

SPECIFIED CONSENT:

By signing below, I grant permission for my child to participate in activities provided by and located at Watermarks Camp. If I do not wish for my child to participate in any activity, it is my responsibility to inform my leader or Watermarks Camp prior to my child's arrival.

Parent/Guardian Signature

Date

If there are any activities that are known that the parent does not want their student to participate in or any prior injuries that could limit students activities or experience please state below:

Activity Restriction/Injuries

I, the undersigned, do hereby consent to the use by Watermarks Camp of my child's image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Watermarks Camp. I also confirm that Watermarks Camp and staff are not responsible for loss or damage of any personal items brought to camp. After campers are registered and confirmed by deposit, there are no cancellations or refunds.

Parent/Guardian Signature

Date