

# CAMP INTEGRITY Application June 4-7, 2018

(This form can be found on line at <http://tpfsr.vpweb.com>)

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Non-refundable Registration \$25 \_\_\_\_\_

Age \_\_\_\_ 2017/18 grade level \_\_\_\_\_ 2017/18 school attended \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE INFORMATION

Company Providing Insurance \_\_\_\_\_ Policy number \_\_\_\_\_

Name of Insured \_\_\_\_\_ Group number \_\_\_\_\_

## MEDICAL INFORMATION Please note that Camp Integrity staff cannot administer medication!

Special Medical Conditions? \_\_\_\_\_

Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please specify: \_\_\_\_\_

**BEHAVIOR CONDUCT GUIDELINES:**  (check if you agree) I understand that in the event that my child does not follow the conduct rules of Camp Integrity, he/she will be suspended from attending the camp.

**ARRIVE ON TIME: Camp Integrity starts promptly at 8:30AM.** Breakfast will be served from 8:30-9:30 AM. No late meals will be served.

**PICK UP ON TIME: Camp Integrity ends at 3:30 PM.** Late fees will be charged after 3:31 PM in the amount of \$1.00 per minute.

**VIDEO/PHOTO RELEASE:** Photos and videos will be taken from time to time of the children participating in camp activities. These may be used on the Camp Integrity website or in other documents intended to promote the mission of Camp Integrity.  
\_\_\_\_\_ (I give) \_\_\_\_\_ (I do not give) my permission for photos or videos of my child to be used by Camp Integrity.

## EMERGENCY WAIVER

**If any emergency medical procedures or treatment are required during Camp Integrity hours 8:30 AM - 3:30 PM, I agree to allow the camp supervisors to use their discretion to arrange for - or consent to - procedures or treatment for my child.**

I agree to release, indemnify and hold harmless the staff of Camp Integrity from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs, expenses, whether known or unknown. That I, any other parent or guardian of the above named student, the student, may not allege against the Camp Integrity staff including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

**PARENT'S /GUARDIAN'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_