

Any medically-based food restrictions: _____
Please list all medications that will be taken by this camper during the retreat (must be brought in their original prescription bottle):

(remainder of this page to be completed for boy applicants only)

Will camper need help in taking medications, other than from his attending dad? _____
May Tylenol, Sudafed, NyQuil, Dimetapp, cough drops, or Pepto Bismol be administered to your child?

_____ If no, attach a separate statement describing restrictions.

*Please use common sense and discretion if your child or you are exposed to or have contracted any potentially serious communicable disease (e.g. chickenpox, hepatitis) during the **three weeks prior** to camp attendance.*

Please rate your son's swimming ability: excellent good fair needs special attention

Please rate your son's public reading ability: excellent good fair don't ask him to read

PERMISSION to EXAMINE, PRESCRIBE MEDICATION, & TREAT, & to DISCLOSE INFORMATION:

I hereby give permission to medical personnel to perform routine tests and treatment for the health of my child designated above. In the event of an emergency or other acute event where time will not allow me to be reached, or I cannot be reached, I hereby give permission for the trained medic to secure necessary consultative care for my child, including hospitalization, anesthesia, surgery, and other medical treatment.

I further agree to allow information regarding any medication my child is taking, as well as specific medical or psychological conditions and necessary health-related records, to be given to and exchanged between camp and medical personnel for the treatment and well being of my child for either routine or emergency medical reasons.

The above health history is accurate to the best of my knowledge, and the child herein described has permission to engage in all camp activities except as noted on this form by me or by an examining physician. I attest that the camper's health is adequate for the rigors of the camp, as described here and in the other application materials.

SIGNATURE of PARENT/LEGAL GUARDIAN of Camper

DATE

WAIVE & RELEASE FROM LIABILITY:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE: *ALIVE IN CHRIST*; the Byzantine Catholic Metropolitan Church of Pittsburgh; the Holy Protection Byzantine Catholic Eparchy of Phoenix; Holy Protection Church; and *ALIVE IN CHRIST* camp leaders/ medic/volunteers/donors all for the purpose herein referred to as "releasees" from all liability to the registered camper, his parents/legal guardians, his or her personal representatives, heirs, and the next of kin for any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrence causing injury to any person/property or resulting in death of the camper designated above who is participating in the *ALIVE IN CHRIST* retreat camp.
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the camper designated above while in any way participating in this camp and whether caused by the negligence of the releasees or otherwise.
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE of the camper designated above due to the negligence of releasees, or otherwise, while participating in this camp.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representation, statements or inducement apart from the legal written agreement has been made.

SIGNATURE of PARENT/LEGAL GUARDIAN of Camper

DATE