



Kent Place Camp - Travel Camp Summer 2020 (8:00am - 4:00pm)

Camper's Name: _____ **AGE:** ____ **Current Grade:** _____

Address: _____

City: _____ Zip: _____

Parent/Guardian Name : _____ Primary Phone #: _____

Email: _____ Alt. Number 1: _____

Alt. Number 2: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____ Alt. Phone #: _____

Please list any allergies your child has: _____

Does your child use any of the following?: Epi-Pen _____ Inhaler: _____ Auvi-Q: _____

List all medicines your child takes on a daily basis: _____

Does your child have any physical restrictions? If so, please explain: _____

Photo/Video/Social Media Release

You grant the Kent Place permission to use photos, images, videos or artwork of your camper to promote the Camp and its programs in Camp publications, including the website, social media, print, and other materials. If you do not wish to grant this permission, you must notify Donna Ray, Director of Summer & Auxiliary Programs, rayd@kentplace.org, in writing prior to their start at any event or activity.

Assumption of Risk

I, parent/guardian of the child above understand that part of any camp experience involves activities that come with certain risks. I am aware of these risks and I assume them on behalf of my child. I realize that no environment is risk free and I will instruct my child on the importance of abiding by camp rules.

I give permission for the child above to attend all Kent Place Travel Camp Trips between June 8, 2020 - September 4, 2020.

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above.

Parent/Guardian Signature: _____ **Date:** _____