

# 2010 *Deep Freeze*

## Camper & Leader Information/ Permission and Release

Group Name: \_\_\_\_\_

Attending Leader's Name: \_\_\_\_\_

*Personal Information:*

Camper  Leader  (check one)

Dates of Attendance: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Male/Female (circle)

Street Address: \_\_\_\_\_ Camper's Email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone # Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone # Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email \_\_\_\_\_

*Medical Information:*

Date of last Tetanus Shot: \_\_\_\_\_

Known allergies, medical problems or physical limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

*Insurance Information:*

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Cost: \$125**  
**Deadline to sign up:**  
*Monday, January 25<sup>th</sup>*

**\$40 Deposit & Form**  
**due at sign up.**

*Financial aid available*  
*for those in need.*

*Contact Pastor Bill @*  
*508 234 0596.*

### Permission Statement

I understand and certify that my child's participation in Berea's Deep Freeze activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Deep Freeze programs and particularly, but not limited to activities in the snow, football, riflery, broom hockey, volleyball, basketball and wall climbing. I acknowledge that although Camp Berea has taken safety measures to minimize risk, Camp Berea cannot guarantee that the participants, equipment, premises, and/ or activities will be free of hazards, accidents and / or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by Camp Berea rules, regulations and procedures for the safety of camp participants.

In an emergency, I hereby give permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for my child as named above.

\_\_\_\_\_  
To be signed by participant or parent or guardian for those under 18

\_\_\_\_\_  
Date

*By signing, I also grant permission for the use of any photos taken of the child named above in Berea promotional materials.*