

SUMMER CAMP RELEASE OF LIABILITY FORM

Name of Student: _____
Social Security # of Student: _____ - _____ - _____
Date of Birth: ____/____/____
Age: ____ Grade: ____ Homeroom Teacher: _____
Parent Email Address: _____

Permission and Release: The undersigned hereby releases and holds harmless Calvary Christian Academy (CCA), Calvary Chapel Church, Inc., their agents including coaches, teachers, administrators, volunteers, and parents participating in any school sponsored activity, including but not limited to after school activities, events, summer camp, and field trips:

1. From any and all liability for any mishap or injury to the student named herein from the time of departure to the time of return.
2. From any injury or damage resulting from the activity, mode of transportation, or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction, or damage to any personal property. I further agree that any claim or dispute arising from or related to this agreement shall be settled by Christian mediation and, if necessary, legally binding Christian arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Medical Release: In the event my child suffers a sudden illness, accident or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Father's Name _____ Mother's Name _____
Father's Phone Number _____ Mother's Phone Number _____
Two emergency contact names and numbers:
First contact: _____ Phone Number: _____
Second contact: _____ Phone Number: _____
Family Physician: _____ Doctor's Phone Number _____
Medical Insurance Company _____ Policy #: _____
Group #: _____
Calvary Christian Academy may release my child to those people listed below:

Date Parent/Guardian Signature: _____

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SUMMER CAMP PROGRAM REGISTRATION