

Parental Consent Form

Complete and sign this form to complete registration and for the camper to be allowed to participate in camp activities.

Camper Name (print) _____ Social Security No. _____

Address _____ City/State/Zip _____

Age _____ Birth Date ____/____/____ Sex _____ Grade _____ School Year (upcoming) _____

Circle your t-shirt size: (Adult) S M L XL XXL (Youth) S M L XL

Parent or Guardian _____ Emergency No. Day _____

Payment Option: _____ Cash or _____ Check

How did you hear about this Camp: ___Newspaper ___ Radio ___ Website ___ Friend ___ Other

List the names and telephone numbers of two individuals to contact in the event of emergencies (include home, work, and cell phone numbers).

1st Person _____

Home _____ Work _____ Cell _____

2nd Person _____

Home _____ Work _____ Cell _____

List any medical alerts and/or prescription medications currently taking. Use additional sheet if needed.

Medication _____ Dosage _____

I hereby give my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency. In addition, I acknowledge that I have read and understand all information.

I hereby hold East Mississippi Community College harmless for any/all injuries or damages for the above child's participation in the camp activities. I remise, release, waive, and forever discharge EMCC and all of its officers, employees, acting officially or otherwise, from all claims demands, actions, or causes of action, on account of any injury, death or property damage which may occur at any time or for any cause during participation in an EMCC camp or event. It is agreed that this waiver of liability is submitted to EMCC as an inducement to include the said student in this camp and that this agreement is the undersigned's free and voluntary act with full knowledge of the contents of the agreement.

Parent or Guardian _____ Date ____/____/____