

CAMPER MEDICAL RELEASE FORM

Due June 1, 2009

MAIL TO: Jon Fillipi, 2612 Robin Rd., Salina, KS 67401

**This form must be completed and mailed with your payment
(ONE check from each church please) in order to validate your paper or online application.**

Camper Name: _____

Camper Birth date: _____

Camp Choice: **Junior Camp** **Primary Camp**
(Please check one)

This application is complete and accurate as far as I know. I hereby give permission for the child named above to participate fully in the program except as noted on the Camper Application and Health Information Form. In the event of illness or injury, I also give permission for the doctor, dentist, or other health professionals selected by the camp director to order such tests and treatments as is deemed necessary to safeguard the health of my teen. In the event I cannot be reached in an emergency, I authorize the physician selected by the camp director to hospitalize, secure proper treatment and order injections and/or surgery for my child named above. I do also expressly waive any and all claims against the Kansas District Church of the Nazarene and any of its boards or its representatives or property in connection with an incident of the 2009 Kansas District Camp Program. This does not waive claims as covered by the District Camp Insurance for injuries to the camper while at camp. My teen child I understand that failure to comply with camp rules and/or obey Staff directives is cause for dismissal and I will be asked to remove my child from the camp.

Parent/Guardian's Name: _____ (print)

Parent/Guardian's Name: _____ (signature)

Date: _____

DO NOT FORGET TO SIGN & DATE THIS APPLICATION!