



**CDSSH Summer Camp
Emergency Information Form & Digital Release Authorization**

Please complete this form and bring with you on the first day of camp. Every family is required to have one form on file

Family Name: _____

Child 1: _____ Child 2: _____

Child 3: _____ Child 4: _____

Please list any allergies, daily medications, medical, educational, or family circumstances that will help us care for your child. This information will be shared only with the adults who are in contact with your child(ren) during summer camp.

1. _____ 2. _____ 3. _____ 4. _____

Emergency Contacts when parent(s)/guardian are unavailable:

Name _____ Day Phone _____ Cell Phone _____

Name _____ Day Phone _____ Cell Phone _____

I hereby give my permission for my child to be taken to a hospital for evaluation and/or treatment if found necessary by the school. This consent is given with the understanding that the school will continue to try to contact the parents or emergency contacts listed above. On behalf of my child(ren), I accept and assume any and all risk associated with his/her attendance and participation in the program and its activities. I understand that my child should not attend the program if he/she is not healthy. I understand that my child and our family must abide by program policies and the instructions of the program staff. I agree, that should my child be dismissed from the program, no part of my tuition will be refunded. I understand that no reduction in the tuition will be made for late arrival, early departure, vacations, illnesses or injury. In the event that I cannot be contacted in an emergency, I hereby grant CDSH Summer Camp permission to give immediate treatment and/or take my child to a hospital emergency room. Knowing these facts and in consideration for your accepting my child(ren)s application, I, for myself, my child attending the program, and anyone else who might claim on my child(ren)'s behalf ("I"), hereby agree that CDSSH Summer Camp is not responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the program and, accordingly, I covenant not to sue, and waive, release and discharge CDSSH Summer Camp, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child(ren)'s participation in the program. I agree to be responsible for the payment of the full tuition amount and all other charges set forth herein. I have carefully read all of the information in this application form and agree to all conditions.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE:

I grant to CDSSH Summer Camp, its representatives and employees the right to take photographs and/or video of my child(ren) in connection with the camp activities. I authorize CDSSH Summer Camp, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CDSSH Summer Camp may use such photographs of my child(ren) with or without my child(ren)'s name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature _____ Date _____