



MARGE'S CAMP APPLICATION



2011

Ages 9-18 Years

Youth Ages 9-13 (Check One):
[] Female- Camp Dates July 10-15
[] Male- Camp Dates- July 17-22

Camper Information (All Fields Required):

Child First Name: _____ Last Name: _____

Birth Date: ___/___/___ Member Age: _____

Parent or Guardian Information:

Parent 1- First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Parent 2- First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

EMERGENCY CONTACT (other than parent/guardian)

Name: _____ Phone: _____ Relationship to member: _____

Name: _____ Phone: _____ Relationship to member: _____

Please See Other Side

Can your child swim? Yes No

Insurance Coverage? Yes No Insurance Company: _____

List all Medications your child is taking: _____

List all Allergies / Medical Problems: _____

Physician's name: _____

Physician's Phone: _____

Preferred hospital or clinic: St. Mary's Renown Medical JNNMC Other Clinic's Name:

Does your child have any additional medical needs? YES NO

If yes, please explain _____

WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my child(ren)'s membership and participation in the Boys & Girls Club Marge's Camp, I hereby fully waive, release, and hold harmless the Boys & Girls Club of Truckee Meadows, together with all its agents, employees, representatives, officers, and directors from any and all claims, causes of action, damages, costs, expenses, and other liabilities in any way arising out of or resulting from such membership or participation, including, but not limited to, any personal injury, accident, illness, property damage, or any other loss, injury, or harm whatsoever. I attest and verify that I have full knowledge of any and all risks involved in such membership and participation, and that I will, on behalf of the named member(s), assume full responsibility for such risks and pay any and all medical, emergency, and other costs and expenses in the event of injury, accident, illness, casualty or other incapacity regardless of whether I have authorized such expenses. I acknowledge that my child(ren) is/are in good health, physically fit, and sufficiently trained to participate in membership and in the Boys & Girls Club Marge's Camp.

ACKNOWLEDGMENT AND CONSENT: For both internal and external use, I acknowledge that the Boys & Girls Club and/or its sponsors may utilize photographs of the named child(ren) that may be taken during involvement in the Boys & Girls Club Marge's Camp or activities for publications and the Club's website use. Their names will never be mentioned in these pictures. I consent to such uses and hereby waive all rights of compensation.

EMERGENCY AUTHORIZATION: I, the undersigned, as a parent/guardian of the named minor child(ren), hereby authorize the staff of the Boys & Girls Club Marge's Camp, its sponsors, and vehicle drivers as my agents, to consent to medical, surgical, dental examination, or treatment and/or care at any hospital or by licensed medical personnel.

NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES OF THE CLUB/MARGE'S CAMP AS DESCRIBED ABOVE.

(Date)

(Parent / guardian signature)

(Printed name)

(Member signature)