

MIDSOUTH CHILDREN'S CAMP NOTARIZED CAMPER FORM

Campers' Name(s): _____

Medical Treatment Release

"I hereby authorize medical treatment for the above-named camper in case of illness or accident during the MidSouth District Children's Camp. I hereby validate with my signature this registration form and do expressly waive any and all claims against the MidSouth District Church of the Nazarene and any of its boards and/or any of its representatives because of illness, injury, or damage to person or property of the above-named applicant in connection with, or incident to, the MidSouth District Children's Camp Program."

Communicable Illness Understanding

"I hereby promise to adhere to all policies and procedures regarding communicable illnesses including but not limited to COVID-19. My child will not be allowed to attend camp if they have been exposed to COVID-19, demonstrate symptoms including fever, vomiting, and diarrhea. If my child develops any of these symptoms, I understand they will need to leave camp the same day. I understand my child will be expected to use hand sanitizer regularly."

Photo Use Release

"I hereby give permission for my child's image to be used at camp, in publications, in news releases, and on camp websites and social media platforms. For privacy reasons photographs will not identify the people whose images are shown." Initial here to deny photo use release: _____

Transportation Release

"In the event that my child would need to be picked up from the campgrounds, by someone other than a parent, the following list of persons is authorized for transportation of the child. I understand that only persons listed will be able to leave the campground with my child and that identification will be required before allowing any child to leave."

"I hereby authorize the following persons to pick up the child named on this registration form from Camp Garner Creek, should it become necessary."

Name

Relationship to child

1. _____

2. _____

My child will be traveling to/from camp by transportation provided by _____ COTN

Your child will not be eligible for early release until check-out forms have been completed, I.D.s have been checked, and counselor or director or nurse has signed off.

I have read the camp rules and agree to stay safe, listen, respect, and participate while at camp. I understand that if I do not obey the rules, I may be sent home at the discretion of camp leadership.

Camper Signature: _____

Parent/Guardian Signature: _____ (must be signed in the presence of a Notary Public)

Before me, a Notary Public, in and for said County and State/Province, this _____ day of _____, 20____, personally appeared _____ and acknowledged execution of the foregoing.

In witness whereof I have hereunto set my hand and Notary Seal.

State/Province of: _____ County of: _____

Notary Public Signature: _____ My Commission expiration date: ____/____/____