



Kids Camp Registration Form

University Congregational Church
405 University Avenue
Missoula, MT 59801
June 17 – 21, 2019

Episcopal Diocese of Montana

Contact information/health history and permission to treat your child/youth.

Please complete and read this carefully.

Part One: Contact Information:

Student's name: _____

Birth date: (__/__/__) Grade : _____

Address: _____ City: _____ State: _____

ZIP: _____

Email: _____

Primary Parent (or guardian) Name: _____

Preferred Phone (h) (w) (c): _____

Secondary Phone (h) (w) (c): _____

Parent (or guardian) Name: _____

Preferred Phone (h) (w) (c): _____

Secondary Phone (h) (w) (c): _____

If parent(s)/guardian(s) are not available in case of emergency, please notify:

Phone: _____

Relationship to Child: _____

Part Two: Health History (provided by the parent(s)/legal guardian(s)): I certify that my child is in suitable health and capacity which allows my child's enrollment or participation in the program activities.

Family doctor: _____

Phone: _____

Allergies/food restrictions: _____

Current medications (prescribed or over-the-counter): _____

Any current or past health conditions we should be aware of? _____

Part Three: Permission to treat this child/youth:

I/we, the undersigned, parent(s) or guardian(s) of the above mentioned youth, a minor, hereby give permission to the church staff and designated leaders to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the church staff or his/her designee to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or legal guardian

Date

Episcopal Diocese of Montana
Permission to Participate and Release of Liability

Please initial on the line beside each release or permission and sign on the last page.

Permission to Participate for all Programs Initials: _____

I give permission for me/my child/family to participate in all activities*, field trips, swimming activities supervised by certified lifeguards either at camp or at public pools (used in diocesan programs like day camps), and to be transported as part of Youth Program experience.

*** except for activities specified in the health history medical release form or health exam form**

Release of Liability Initials: _____

I understand that my participation in this/these activities can expose me/my child/my family to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge The Episcopal Diocese of Montana, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition on the premises or of the facility at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

Signatures

I have read this Release Form thoroughly, and understand all of its terms. I execute it voluntarily and irrevocable.

Name of participant: _____

Name of parent/guardian (if participant is under 18): _____

Signature of participant (or parent/guardian): _____

Date: _____

If you have any questions or concerns please contact the church office, 542-2167.

**Holy Spirit Episcopal Church
130 S 6th St E
Missoula, MT 59801**

MULTIMEDIA RELEASE FORM 2019

I hereby authorize Holy Spirit Episcopal Church to take film, video and/or still pictures and sound recordings of me/my child/my family without restriction during Church Events for inclusion in multimedia projects.

I also agree that such pictures and sound recordings may be used by Holy Spirit Episcopal Church for promotional purposes and to share the event produced on the World Wide Web, but that no part of these materials containing the likeness or voice of me/my child/my family will be used for commercial broadcast or rebroadcast purposes without my expressed written permission.

I hereby grant and assign to Holy Spirit Episcopal Church all rights, titles and interest to my performance and appearance. This is a complete and full release of all claims, whether legal or equitable, in connection with said performance and program. This release is intended to bind all of my heirs, legal representatives and successors.

I enter into this release with the understanding that it is without monetary reimbursement to me. I have read this release form thoroughly, and understand all of its terms. I execute it voluntarily and irrevocable.

Date: _____ Signature of Participant: _____

Date: _____ Signature of Parent/Guardian: _____

Printed Participant Name: _____

Printed Parent/Guardian Name: _____

If you have any questions or concerns please contact Gretchen Strohmaier at 542-2167 or Gretchen@holyspiritmissoula.org.