

# 2021 Cardinal Camps



## Participant Consent Form

### **Assumption of Risk**

Participation in Camp Programs with Cardinal Camps requires an acceptance of risk for injury. Your decision to allow your child to participate indicates your acceptance of risk. In order to minimize this risk as a participant, you must be aware of and abide by the procedures, safety rules, and guidelines provided by Cardinal Camps and the individual activities of each session. Any improper use or abuse of your equipment could result in serious injury. Participants rightfully assume those responsibilities for their conduct will not intentionally inflict injury upon themselves or other participants while acknowledging that unintentional injuries can happen while participating in Camp activities. All individuals involved must share the responsibility for Camp safety, and compliance with the rules means respect on everyone's part for the intent, spirit, and purpose of the rules and guidelines. ***I, as the parent/guardian, assume all risks associated with my child's participation and agree to hold Cardinal Camps and it's employees harmless from any and all liability and claims whatsoever which may arise as a result from physical participation in Cardinal Camps.***

Parent Initial: \_\_\_\_\_

Date: \_\_\_\_\_

### **Emergency Medical Authorization**

I hereby authorize and consent to any medical or surgical care rendered under the provisions of the Medicine and Dental Practice Acts and by the staff of any licensed facility or hospital. It is understood that authorization is given on advance of any

specific diagnosis, treatment, or hospital care in which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I understand that every effort will be made to contact me prior to rendering treatment to my child, but that treatment will not be withheld if I cannot be reached.

In addition, I hereby authorize the staff of Cardinal Camps, including Camp Coaches and Athletic Trainers, to render any preventative, first aid, rehabilitative, or emergency treatment that they deem reasonably necessary to my child's health and well being.

Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information**

I understand that Camp Personnel represented by Cardinal Camps may discuss my child's medical information for the purpose of treatment with any medical professional. I also understand that the Coaching Staff will be informed of all past and present medical information that is pertinent to my child's health and safety, as well as the other participant's health and safety.

Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Disclosure and Authorization**

I permit my child to carry the below listed medication(s) as ordered by his/her physician. I understand that sharing personal medication with another participant is a serious violation, and that such action may result in the removal of my child from the program. I further understand that failure to disclose to camp personnel my child's possession of any medication or drug at camp is a serious violation of camp policy.

My Child's Medication(s): \_\_\_\_\_  
Ex. Epi-Pen, Aspirin, Allergy Medication, Inhaler, etc.

Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Disclosure and Authorization**

I understand that transportation is my responsibility as the parent/guardian of my child. By registering for camp, I have inherently committed to dropping off and picking up my child on-time within reason, barring any conflicts outside of my control. In the event I am late for pick-up, I will communicate with the Director of

Summer Programs, Dillan Bennett, to ensure someone is remaining with my child until I can arrive to transport him/her.

In the event I cannot provide transportation to my child, I authorize the following additional transportation option(s):

- Public Transportation (i.e Bus, Uber, Lyft, etc.)
- Personal Transportation (i.e. Bicycle, Walking)
- Alternate Pick-Up (list Name, Relationship, and Contact Info)

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Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed Consent**

I, \_\_\_\_\_, agree to all above agreements as they pertain to my child's participation in Cardinal Camps.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_