



Camp Yowochas

Participant Information

Camper Name	_____	Birthday	Y _____	M _____	D _____
Address	_____	Gender	_____		
City	_____	Age	_____		
Postal Code	_____	Height	_____	Weight	_____

Emergency Contacts

	Guardian	Alternate Contact
Name	_____	_____
Day Phone	_____	_____
Evening Phone	_____	_____
Relationship	_____	_____

Medical Information

Please describe any allergies (drug, food, environmental, etc.) dietary restrictions, disabilities or medical condition.

Participant Agreement Form and Notification of Risk Agreement

I, the undersigned Participant, parent or guardian, understand the information on this form is collected in accordance with privacy legislation. I give permission for the collected information to be used to provide medical care and support for the Participant. I acknowledge that in the event of an emergency, treatment may be provided to the Participant by a physician selected by Camp Yowochas and that I will be financially responsible for any costs associated with such treatment and services, such as ambulance transportation.

I understand and acknowledge that participation in the Camp Yowochas programs may result in personal injury (including but not limited to injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and paralysis or brain damage) and property damage or loss.

I understand Camp Yowochas rules are designed for the safety and protection of all participants and that failure to comply with the Camp Yowochas rules may result in serious injury. I agree to follow Camp Yowochas rules. I agree to instruct my child about the risks involved and to inform my child about the importance of abiding by Camp Yowochas rules. I accept responsibility for personal injury or property damage or loss if I or my child does not follow Camp Yowochas rules.

I understand that Camp Yowochas may take photographs, video and audio recordings of the Participant during Camp Yowochas programs, and I authorize Camp Yowochas to use or publish any such images or recordings for advertising purposes.

I understand that the Participant shall be required to abide by all of the rules of Camp Yowochas programs, which will be provided to them and that the Participant's failure to follow these rules may result in their immediate dismissal from the program at my expense.

I consent to my participation or my child's participation in Camp Yowochas programs on the above basis.

Participant	_____	_____	_____
	Participant		
Parent/Guardian	_____	_____	_____
	Print Name	Signature	Date