

**PAIDEIA CLASSICAL ACADEMY CAMP 2016**

**Family Information and Releases (PLEASE PRINT CLEARLY)**

Father's name \_\_\_\_\_ Business # \_\_\_\_\_ Cell# \_\_\_\_\_

Father's e-mail \_\_\_\_\_

Mother name \_\_\_\_\_ Business # \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's e-mail \_\_\_\_\_

Are there any custodial problems the camp should be aware of? \_\_\_\_\_

**Local Emergency Numbers in Order of Importance:**

1.- \_\_\_\_\_

Parent/Guardian Home # Office # Cellular

2. - \_\_\_\_\_

Parent/Guardian Home # Office # Cellular

3. - \_\_\_\_\_

Other/State Relationship Home # Office # Cellular

**RELEASE/WAIVER:**

I/We hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO USE Camp PCA and Paideia Classical Academy, and any and all employees from liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child/legal ward, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in athletic and camp activities, or while in, on or upon the premises where the activities are being conducted or travel to and from camp. Camp PCA is hereby granted permission to use any individual or group photographs taken at camp showing my child(ren) for publicity purposes. I hereby release Paideia Classical Academy from any responsibility or liability for any lost, stolen, or damaged personal property which my child(ren) brings to camp.

**Signature of Parent/Guardian**

\_\_\_\_\_

Please indicate the insurance company and policy number under which your child is insured:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:**

I \_\_\_\_\_ hereby approve emergency treatment by the hospital and/or physician for my child. I will assume financial responsibility for bills incurred through my insurance company. I understand that Camp **PCA is A PEANUT FREE ENVIRONMENT**. My Child is allergic to the following medications or has the following allergies, including food allergies: \_\_\_\_\_

\_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_