Camp Evergreen Registration Form 2021

TIME TO EXPLORE THE WONDERFUL OUTDOORS

Please circle camp/s attending

1. June 7-11 Birds and Insects 2. June 14-18 Mam	mals and Reptiles 3. June 21-25 Pond Life
4. June 28-July 2 Plants, Trees and Rocks	
Print:	
Name of Camper	DOB
Guardian's Name	Relation
Phone numbers	
Emergency Contact, if different from at	oove
E-mail	_
address ci	ty,state
Medical Concerns or medication campe	ers will be need during Camp time
8:30-1:00: please list all and note any	accommodations your child needs or
uses, such as glasses, hearing aid, Inh	, , , ,
to camp and will be returned at the en	<u>d of each day.</u>

Release of Liability and Camp Accident Waiver

I hereby give permission for my child_______ to participate in the activities at Camp Evergreen, held at Evergreen Farms, Elgin, Texas. I understand activities will be held outside in the sun or rain. I agree to have my child appropriately dressed, including closed toed shoes, and provide insect repellent and sunscreen, that my child can apply to self.

In event of illness, injury or emergency, I authorize the camp director to act on my behalf to provide aid. I will be notified of any major injury or illness immediately, but minor injuries will be treated on site, with notification at pick up.

I understand major behavior issues, causing danger or injury to another camper, will call for immediate dismissal from camp, with no refund.

In consideration of my application and permitting my child to participate in activities at Camp Evergreen, I hereby:

Waive, Release and Discharge any and all liability of Camp Evergreen staff or property for personal injury to my child.

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Camp Evergreen or its employees from any and all liabilities or claims, as a result of any activities at Camp Evergreen.

I understand while participating in camp activities, my child will be photographed for personal camp projects.

The Accident Waiver and Release of Liability Form shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Child's Name	age	
Parent or Guardian's signature	Date	