

Camper/Parent Authorizations – CrossWoods Adventure Camp

Camper Name _____ **Birth Date** __ / __ / ____

Section A. Camper Authorization

- I understand and agree to cooperate with all regulations regarding behavior, health, special qualifications and age.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to me under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. If I am not a minor, I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization.
- I understand the general guidelines of behavior: I must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated. I will assume all transportation costs if problems occur during any event or activity.
- I will take no civil action against the CrossWoods, Inc., any associated agencies, or persons in whose care I have been entrusted, for my normal care.
- I give my permission for photographs or video footage of me to be used by CrossWoods, Inc. for promotional purposes, unless I initial here _____ (*initialing means you do NOT give permission*).
- I give my permission for my address/phone number/email address to be included on a participant roster of the camp for use of campers and staff only, unless I initial here _____ (*initialing means you do NOT give permission*).

Signature of Camper

Printed Name of Camper

Date

Section B: Parent/Guardian Authorization and Authorized Rides (Must be signed by the camper's parent/guardian if the camper is under the age of 18 on the first day of camp)

- I give full permission to this minor to attend the youth event at CrossWoods Camp.
- I give full permission to this minor to participate in all activities at CrossWoods Camp, unless otherwise specified on the Health History Form.
- I authorize an adult, in whose care the minor has been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, if there is insufficient time or inability to contact me. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named minor pursuant to this authorization.
- I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in events at CrossWoods Camp.
- I understand the general guidelines of behavior: the minor must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons or sexual misconduct is tolerated. I will assume all transportation costs for this minor if problems occur during any event or activity.
- I will take no civil action against CrossWoods, Inc., any associated agencies, or persons in whose care the minor has been entrusted, for normal care of the minor in their charge.
- I give my permission for photographs or video footage of my child to be used by CrossWoods, Inc. for promotional purposes, unless I initial here _____ (*initialing means you do NOT give permission*).
- I give my permission for my child's address/phone number to be included on a participant roster of the camp for use of campers and staff only, unless I initial here _____ (*initialing means you do NOT give permission*).
- I have also read and consent to all the items printed in Section A of this form.

Authorized Rides: Please check one or more of the following boxes as appropriate.

Only the following people may pick up the above named camper: _____

The following people may NOT pick up the above named camper: _____

By checking this box I am authorizing anyone to pick up the above named camper.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date