Catalyst STEM Camp CAMPER CONSENT FORMS

NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS FORM

Name of Camper
(First/Last):_____Age:____
Birthday: ___/___/____
Name of Guardian:
_____
Phone: (_____) _____-_____
Address:
_____
_____
Name of Emergency Contact:
_____
Relation to Camper:
_____
Phone: (____) _____-_____

Are both guardians authorized to pick up the child? YES____ NO ____
Please provide names, phone numbers and relation of authorized person(s) to pick up child:
Name:_____
Phone #:_____
Relation:_____

Medical History
Is child in good health: Yes/ No If not, please explain:
_____
_____
Does child have any allergies: Yes/No If yes, please explain:
_____
_____
_____
Is child prescribed an inhaler or epi-pen? Yes/No If yes, please explain:
_____

Assumption of Risk Statement

I have registered my child, _____, for Catalyst STEM Camp. I am fully aware that in the case of personal injury, I knowingly and voluntarily assume all such risks for my child.

I, _____, hereby consent to permit all staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

I also hereby consent to my child being present in photographs or videos at the event. I also grant the right to edit and use said products for advertising or marketing efforts of future camps.

Parent/Guardian Signature: _____

Date: _____