

Camp Virginia Jaycee Summer Camp 2012

Parent/Guardian Authorization

A limited health care power-of-attorney is generally created by a written document, setting out the powers of your agent, Camp Virginia Jaycee, Inc. It covers situations which may arise while traveling to camp, during camp, and traveling from the camp. A valid document is signed by the grantor, in the presence of two adult witnesses, and does not need to be notarized.

I hereby request that the camper listed below will be accepted to attend Camp Virginia Jaycee. I have read and understand the information in this registration information, including parent and camper information, the camp rules and behavior policies on the web site, registration procedures, the programs and the activities for my camper's stay at camp. I understand that my camper will be participating in some physical activities and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment.

In consideration of acceptance to Camp Virginia Jaycee, I indemnify and hold harmless Camp Virginia Jaycee, Inc. (CVJC), the Camp Virginia Jaycee Board of Directors, and Camp Virginia Jaycee staff and volunteers from any and all liability, claims, damage, injury or illness sustained by my camper, and I verify that the information on the Registration Form and Health History Form is correct and complete to the best of my knowledge and belief. I verify the Physical Assessment of this camper as described on the Health form is accurate. I will provide any updates or changes to this information at check-in on the first camp day. This camper is physically able to participate in all camp activities as described in the Camp Virginia Jaycee web site (unless specified in the restrictions section of the Medical Form), and I will provide an update to this camper's health status, if any, for the health screening at check-in on the first day of camp.

This form may be copied for camp records, and I hereby give permission to the camp to provide routine health care, administer prescribed medications, administer over-the-counter medications and seek emergency medical treatment. I agree to the release of any records necessary for emergency purposes. I give permission to the camp to arrange necessary emergency medical transportation for my camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my camper including ordering x-rays, administering tests, and admittance to a hospital, and I understand that CVJC provides only limited secondary medical insurance coverage for participants. I have attached proof of primary personal/family medical insurance coverage for my camper as required for camp attendance.

Should it become necessary for my camper to return home because of illness or any other reason, I will abide by the CVJC decision and arrange for transportation.

I permit my camper to leave the grounds of Camp Bethel/CVJC accompanied by authorized camp personnel for approved out-of-camp activities at camp-approved locations, to be transported in camp-approved vehicles driven by camp-approved drivers, and, if applicable while off site, for camp personnel as authorized by the Camp Director, in consultation with the Camp Nurse to administer prescribed medications and over-the-counter medications to my camper as listed in the Medical Form.

I understand the policy regarding refunds and cancellation posted on the CVJC web site at <http://www.campvajc.org/camper/index.html>

I permit camp photos, video and audio of activities or interviews that may include my camper to be used in camp promotion without liability or remuneration.

Camper Name _____

Parent/Legal Guardian Signature _____

Printed Name _____

Date _____ Phone Number _____

Witness Signature _____

Printed Name _____

Date _____ Phone Number _____

Witness Signature _____

Printed Name _____

Date _____ Phone Number _____