

CHILD RELEASE LIST

Day Camp Only (The following is to be completed by the parent who is filling out this application.)

For the safety of our campers SVDP Camp requires you to list whomever you allow to pick up your child(ren), and how they know this person; this means you must list your spouse. Photo ID is required; your children will not be released to anyone unless proper ID is presented, and they must be on your Child Release List.

1. Name _____
(relation) _____

2. Name _____
(relation) _____

3. Name _____
(relation) _____

RESIDENTIAL AND DAY CAMPERS Your doctor must sign both blue medical forms. Parent must sign both blue medical forms.

CONSENT: In consideration of the admission of your child into the St. Vincent de Paul Camp, Angola, NY, the undersigned parent or guardian hereby agrees:

1. To indemnify and keep free and harmless the society, a domestic and charitable corporation, from any and all claims against said Society of St. Vincent de Paul, for damages by reason of injuries or death suffered by such child in going or coming from St. Vincent de Paul Camp and during a period that said child enjoys the privilege of the camp. I consent to have any medical treatment performed.
2. I also agree to provide transportation home for my child in the event the child must be removed from camp prior to the end of the session.
3. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.
4. I also agree not to visit camp or to communicate with the child except by letters, unless some serious family matter makes this imperative.
5. I also give permission to St. Vincent de Paul Camp to use the name and/or picture of the above named child in any publicity in the interest of the camp.

*** * THIS MUST BE SIGNED * ***



Signature of Parent(s)/Guardian/Date

Relationship

Please indicate if you wish to receive a copy of the Camp Counselor's report.

No

Yes (If yes, attach a self-addressed stamped envelope with this application)

Applications are considered accepted when: All information is completed on the application and copies of birth or baptismal certificate are received by the camp office and before the deadline for the desired session.

Incomplete applications will not be considered until ALL information is complete and has met the deadline for the session.

*The New York State law requires that the following statements be included on the camper application:

- 1) St. Vincent de Paul Camp is licensed by the NYS Department of Health
- 2) St. Vincent de Paul Camp is required to be inspected twice yearly
- 3) Inspection reports concerning the Camp are available at:

ECHD, 17 Long Street, Hamburg, NY 14075

The St. Vincent de Paul Camp does not discriminate in the selection process of campers because of race, religion, sex, or national origin.

Please make sure there are ★ **4 Parent Signatures**, ➡ **2 Licensed Medical Personnel Signatures** and a copy of your **2009 Federal Income Return** and a copy of **Benefit Card** if applying for **Financial Aid** or **TANF**.