

Summer Camp Waiver

I grant permission for the Applicant, _____, to participate in all activities of the The Princess Codes Programming Summer Camp. I have no knowledge of any physical impairment that would be affected by the Applicant's participation in all the programs selected. I understand because of the nature of some activities within the program, regardless the high degree of supervision, there is a potential for injury. I authorize The Princess Codes Programming Summer Camp to act for me according to their best judgement in any emergency requiring medical attention and to employ medical assistance for the Applicant in the The Princess Codes Programming Summer Camp. I authorize The Princess Codes Programming Summer Camp to exercise complete discretion in the choice of physician or other medical personnel for the Applicant. I authorize The Princess Codes Programming Summer Camp to act independently of me, should immediate action be deemed necessary for the safety and wellbeing of the Applicant.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Photo Release

As indicated below, I do or do not grant permission for representatives of Powhatan Summer Camp to photograph my child, _____, and publish his/her image on <https://theprincesscodes.com>, for display purposes, and in promotional materials such as camp brochures. Children will not be identified by name in any public arena.

Please check the appropriate statement, sign, and date,

I do grant permission as stated above.

I don't grant permission as stated above.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Summer Camp Health Form

This form must be completed and signed by the participants legal guardian, The information we ask you to provide is necessary in the even you child needs medical treatment while camp in in session.

PARTICIPANT INFORMATION

Participant's Name _____

Date of Birth _____

Gender _____

Permanent Address _____

City/State/Zip _____

Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first:

Name _____

Relation _____

Daytime Phone _____

Evening Phone _____

Backup Contact (Relative or Friend):

Name _____

Relation _____

Daytime Phone _____

Evening Phone _____

INSURANCE POLICY INFORMATION

The above named child is covered by health insurance: Yes No

If yes, provide the following information which is required by The Princess Code to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____

Relation _____

P.H.'s Date of Birth _____

Address _____

City/State/Zip _____

Occupation _____

P.H.'s Employer _____

Employers Address _____

Insurance Company _____

Policy # _____
Plan # _____

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named camper, authorize the Princess Code Summer Camp staff to seek medical treatment for the camper as they see necessary at Winchester Medical Center or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care and that it is given to provide the program staff authority to seek medical treatment, and to provide a licensed healthcare provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims directly to the medical facility. I understand that the program staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.