PARENT'S PERMISSION, EMERGENCY MEDICAL FORM AND TERMS AND CONDITIONS
Beach Safari Day Camp

Child's Name _____ Birth Date _____

Name of person responsible for child _____ E mail: _____

Home phone: ( ) _____ Work phone(s): ( ) _____ Cell phone( ) _____

Address (#, city, state, zip): _____

Name of another person to called in an emergency if parent cannot be reached: _____

Contact phone number: ( ) _____

Name of nearest relative not living at the above address: _____

Contact phone number: ( ) _____

Physician to be called in an emergency _____

Address (city) _____ Phone _____

Special medical information _____

Allergies _____ Are immunizations up to date? Y / N

Tetanus current? _____ Restricted activities? _____

Is he/she taking medication? _____ Specify _____

Medical Release

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby request that he/she be permitted to attend **Beach Safari Day Camp** the week of _____ and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, by that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable **Beach Break Camps**, its officers, or leaders for medical aid rendered and will reimburse **Beach Break Camps** for medical or other expenses incurred in the care of my son/daughter. **INITIAL** _____

Liability Waiver/Terms and Conditions

I, the undersigned parent, parents, or legal guardian of _____, a minor, does hereby consent to the aforementioned minor's participation in the activities sponsored by or associated with Beach Break Camps and the Orange County Sailing & Event Center. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE HAZARDOUS ACTIVITIES WHICH EXPOSE ME TO CERTAIN RISKS OF INJURY SUCH AS LACERATIONS, PULLS AND STRAINS, FRACTURES, CONCUSSIONS, LOSS OF LIMB, DROWNING OR EVEN DEATH. I AM FREELY AND VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. **INITIAL** _____

As consideration for being permitted to participate in said activities, I hereby agree, for myself and my assigns and heirs, to release, defend and hold harmless, the State of California, the County of Orange, the OC Sailing and Events Center and all of their officers, employees and agents, Beach Break Camp Programs and all of their officers, employees and agents (collectively the "Releases") from and against any all actions, claims, damages (including attorney fees) of liability or resulting from my participation in the activities sponsored by or associated with Beach Break Camps and the OC Sailing and Events Center including without limitation, damage to or destruction of any property or injury or death to any person. **INITIAL** _____

Beach Break Camps reserves the rights to photograph program participants for publicity purposes. **INITIAL** _____

I HAVE CAREFULLY READ THE SAFETY RULES, MEDICAL RELEASES AND THE TERMS AND CONDITIONS AND FULLY UNDERSTAND THEIR CONTENT. I AM AWARE THAT THIS A RELEASE OF LIABILTY AND A CONTRACT BETWEEN MYSELF AND THE RELEASEES AND SIGN IT OF MY OWN FREE WILL.

_____ _____ Date _____

Print Name Parent or Legal Guardian's Signature