

CAMPS

2022

Crafts Snacks Games

Truth Fun

Experiences

Who: K-5 grade (Based on 2021-22 school year)

When: June 20-24

Where: Akron Alliance
688 Diagonal Rd., Akron 44320

Time: 6:00-8:00 pm

Scan here to register online



1) Camper Information:

NAME: _____ AGE: _____ GRADE: _____
(Based on 2021-22 school year)

My child is authorized to walk to and from camp

2) Parent/Guardian Information:

NAME: _____ EMAIL: _____

ADDRESS: _____

CELL PHONE: (____) _____ ALT PHONE: (____) _____

Emergency Contact & Phone (other than above): _____

Who will be picking up your child from camp? _____

Allergies ____Yes ____No	Medical Information	Restrictions ____Yes ____No
Food:	Doctor Name & Phone:	Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?
Medicine:	Preferred Hospital:	
Environmental:	Tetanus Shot Date:	

I would like more information about Stow Alliance.

PARENT/GUARDIAN OF A MINOR: MEDICAL TREATMENT CONSENT

I, the undersigned being the parent or legal guardian of the child named herein (at "child's name"), do consent to any medical, surgical, x-ray, anesthetic, or dental diagnosis or treatment which may be deemed necessary for my minor child. Further, I understand that by using the phone numbers I provided here, effort will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leadership to make decisions necessary for the child's treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian I am responsible for the health care expenses for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. I additionally agree to supply written notification to Camp 413 staff of any health changes which would restrict my child's participation in any camp activities for which this form stands.

PARENT/GUARDIAN OF A MINOR: PERMISSION & LIABILITY RELEASE

I, the undersigned being the parent or legal guardian of the child named herein (at "child's name"), do hereby consent to the participation of my child in all Stow Alliance Fellowship activities and trips for Camp 413 for the 2022 year. This will include all activities both on and off-site, including trips and retreats. I certify that my child is physically fit to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I further agree to supply written notification to the Camp 413 staff of any changes to the information provided on this form. I understand that reasonable safety precautions will be taken by the leaders of all activities, and that the possibility of an unforeseen hazard always exists. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including serious injury and/or death. I understand that the risks my child may be exposed to include (but are not limited to) the following: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions, and other risks. I also agree to discuss with my child the importance of following all directions of the activity leaders. For all of my child's activity with SAF ministries occurring during 2022, I do hereby release and forever discharge Stow Alliance Fellowship, its officers, agents, volunteer helpers, employees, organizations used or visited, or organizations partnered with (all as 'releasee') from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities, even if caused solely or partly by negligence of the releasee. By signing this document I indicate that I have had sufficient opportunity to read this entire document, that I have read and understood it, and that I agree to be bound by its terms.

PARENT/GUARDIAN OF A MINOR: PERMISSION FOR USE OF PHOTOS/VIDEOS

For valuable consideration received, I grant to Stow Alliance Fellowship the absolute and irrevocable right and unrestricted permission concerning any photographs that he/she has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if he/she so chooses. I release and discharge Stow Alliance Fellowship from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Stow Alliance Fellowship, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____