



Camp Lemieux Waiver Form

“Love the Lord your God”

This form must be received in ADVANCE or ACCOMPANY YOUR CHILD on their first day of camp. If we do not have this form, they will not be permitted to participate in camp activities.

Name: _____

Camper Volunteer

(Please Circle)

PHOTO RELEASE

I understand that my child’s photo may be taken for promotional purposes, including brochures, website and social media, and I waive the right to inspect or approve the photo if used for such purposes. I acknowledge that these photos are the property of the photographer and I hereby give consent as legal parent(s)/guardian(s), on their behalf if 18 years and under, for them to be used for Camp Lemieux promotional purposes.

Signature (Parent/Guardian if under 18yrs)

Dated

Signature Name (PRINTED): _____

RESPONSIBILITY FOR DROP OFF AND PICK UP OF CAMPERS UNDER 18

I fully acknowledge that whomever is delivering my child to Camp Lemieux **MUST SIGN IN** at registration upon arrival.

_____ I, parent/guardian of the camper, will be picking up my child from camp.

_____ I have made arrangements for someone other than myself to pick up my child from camp.

Name: _____ Cell #: _____

Relationship to Camper: _____ Work #: _____

Additional Comments: _____

LIABILITY RELEASE & PARENT/GUARDIAN CONSENT

I hereby waive, release, and discharge any and all claims for damages regarding personal injury, loss or damage which may hereafter occur to me as a result of participating in activities and transportation for camp programming. This release discharges in advance Camp Lemieux, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above.

I agree to observe safety procedures and practices for camp activities at all times. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing these risks, I hereby assume these risks.

It is further understood and agreed that this waiver, release, and assumption of risk is binding on my heirs and assignees. As parent(s)/guardian(s), I give consent for the registered camper above to participate in all camp activities, and I execute this liability release on their behalf, if under 18 years.

Signature (Parent/Guardian if under 18yrs)

Dated

Signature Name (PRINTED): _____



Camp Lemieux Medication Form

“Love the Lord your God”

**This form must be received in ADVANCE or ACCOMPANY YOUR CHILD on their first day of camp.
If we do not have this form, they will not be permitted to participate in camp activities.**

Camper/Volunteer Name: _____

Health Card #: _____ Province: _____ Expiry Date: _____

Emergency Contact Name: _____ Phone #: _____

Any medical concerns, allergies, mental health or physical difficulties/limitations:

Does the participant carry an EpiPen? ____Y ____N If yes, expiry date: _____

If yes, where does he/she carry it? _____

Has the participant had a Tetanus shot: ____Y ____N If yes, date of last shot: _____

Parent Instructions:

1. Prescription and nonprescription medication must be stored in the original bottle with unaltered label.
2. Prescription and nonprescription medication shall be administered in accordance with label directions.
3. Written consent below must be provided from the parent/guardian, permitting Camp Lemieux personnel to administer medications to the child. Please attach a list if more room is needed.

Child's Name	Date of Birth
Medication Name	Dosage
Medication Name	Dosage
Medication Name	Dosage

I authorize Camp Lemieux personnel to assist in the administration of medications described above to the child named above for the following medical condition(s):

_____ from _____ to _____ at _____ while in attendance.
Beginning Date End Date Time of Day

Signature (Parent/Guardian if under 18yrs) Dated

Signature Name (PRINTED): _____