

GROW Camp – Please Complete both sides



Medical Information:

Camper's Name: _____ Age: _____ Sex: _____ (please fill one circle)
 Male/ Female
 Primary care physician: _____ Phone Number: _____
 Yes / No
 Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Contact Lens: _____
 Current medication/s (Please list): _____

Will the child be taking these during camp hours? _____

Allergies	Child's reaction	Medication needed?

HEALTH HISTORY

<p>Yes No</p> <p>___ ___ Cardiovascular Disorders</p> <p>___ ___ Epilepsy/Seizures</p> <p>___ ___ Diabetes</p> <p>___ ___ Bleeding/Clotting Disorders</p> <p>___ ___ Asthma</p> <p>___ ___ ADD/ADHD</p> <p>___ ___ Autism</p> <p>___ ___ HIV/AIDS</p>	<p>Physical limitations?</p> <p>Additional health information?</p>
--	---

EMERGENCY CONTACTS

Name	Relationship	Primary Phone	Secondary Phone
_____	_____	_____	_____
_____	_____	_____	_____

I understand that if my child requires emergency medical treatment, efforts will be made to contact me. If I cannot be contacted, I grant permission for my child to be treated either on-site at Villa Maria Education and Spirituality Center or at a local hospital, depending on the severity of the injury. **If you have a preferred local hospital, please write it here and we will try to honor this request if possible.** _____

 (Signature of Parent/Guardian)

 Date

ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER, AND RELEASE FROM LIABILITY:

1. **ASSUMPTION OF THE RISK.** The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her participation and license to use the swimming pool, the locker rooms and adjacent hallways and walkways (hereinafter "Premises), including, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the Premises, a defect or condition of the concessions provided, or the unavailability of emergency care.
2. **RELEASE.** The undersigned releases the Sisters of the Humility of Mary, Villa Maria, Pennsylvania, and all of its officers, trustees, employees, subsidiaries, related corporations, and agents, and agrees not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, costs and/or expenses arising out of the use of the Premises, including, but not limited to, claims, causes of action, injuries, illnesses, damages, costs and/or expenses based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released.
3. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.
4. **INDEMNITY AND DEFEND.** The undersigned agrees to indemnify and defend the Sisters of the Humility of Mary, Villa Maria, Pennsylvania, and all of its officers, trustees, employees, subsidiaries, related corporations, and agents (hereinafter jointly referred to as "Indemnatee") against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the Indemnatee or any others, injury or death that may result to the undersigned or anyone else.
5. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
6. **INSURANCE.** The undersigned understands that the Sisters of the Humility of Mary, Villa Maria, Pennsylvania, does not carry insurance to cover any possible losses the undersigned may incur as a result of his or her participation in this activity. The undersigned is encouraged to have a medical physical exam and purchase health insurance prior to any and all participation.
7. **ACKNOWLEDGMENT.** THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT AND REALIZES IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY.

IF PARTICIPANT IS OVER 18 YEARS OF AGE PLEASE SIGN HERE:

OVER 18 YEARS OF AGE: PARTICIPANT'S NAME: _____

OVER 18 YEARS OF AGE: PARTICIPANT'S SIGNATURE: _____

DATE: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE; PARENT/LEGAL GUARDIAN MUST SIGN:

PARTICIPANT'S NAME: _____

PARENT'S/LEGAL GUARDIAN'S NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____ RELATIONSHIP TO CHILD: _____

PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES AND NAME WHO YOU ARE A GUEST OF:

- | | |
|---|--|
| <input type="checkbox"/> HM ASSOCIATE or COVENANT COMPANION | <input type="checkbox"/> GUEST OF HM ASSOCIATE/CC (Associate/CC: _____) |
| <input type="checkbox"/> VILLA MARIA EMPLOYEE | <input type="checkbox"/> GUEST OF VILLA EMPLOYEE (Employee: _____) |
| <input type="checkbox"/> VILLA MARIA APARTMENT RESIDENT | <input type="checkbox"/> GUEST OF VILLA APARTMENT RESIDENT (Res.: _____) |
| <input type="checkbox"/> VMESC PROGRAM PARTICIPANT | <input type="checkbox"/> GUEST OF HM SISTER (Sister: _____) |
| <input type="checkbox"/> OTHER; PLEASE EXPLAIN: _____ | |