



# COCC Summer Youth Camp Information and Release Form

Student's Name: \_\_\_\_\_

Age student will be at beginning of Camp: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about COCC Youth Camp? \_\_\_\_\_

In case of Emergency, COCC should contact:

Name & Phone # \_\_\_\_\_

In consideration for providing my child the opportunity of participating in youth camp, while fully recognizing the dangers and hazards inherent in participating in youth camp activities and any related transportation to and from activity events, to the fullest extent allowed by law, **on behalf of myself and my minor child**, I hereby voluntarily agree to **waive and discharge any and all claims of whatever nature and release from liability**, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and **Hold Harmless** the Central Oregon Community College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorneys fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with my child's participation in computer camp up to and including injuries stemming from the negligence of the College or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.

In the event that my child may require emergency medical treatment while participating in the aforesaid activities, I authorize the College and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

**I certify that I have read this release and fully understand its contents.** I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to participate with my child(ren) in this activity.

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_



**Medical Information:**

Known allergies (drug or natural) \_\_\_\_\_

\_\_\_\_\_

Special medication being taken \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any physical restrictions \_\_\_\_\_

\_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

Family Doctor \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_

Any addition information you would like us to know about your child \_\_\_\_\_

\_\_\_\_\_