

DBHS Pep Youth Camp

September 10-13th

Please make payments available to DBHS Pep

Please RSVP with participant's name, guardian's contact phone number and email, and child's t-shirt size by September 6th to:

wprenger@wvusd.k12.ca.us

Please bring this completed form with payment to the first day of camp.

Participant Name (First, Last): _____

DOB: _____ Age: _____ Grade: _____

Name of guardian: _____

Home address: _____

Email address: _____

Phone Number: () _____

Referred by Pep member: _____

T Shirt Size:

YXS YS YM YL YXL Adult S Adult M

Medical Release and Emergency Form:

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Participant Name: _____ DOB: _____ Age: _____

Guardian Name: _____

Phone Number: () _____

Home Address: _____

Medical Information of Participant:

Doctor: _____ Phone Number: () _____

Insurance Company: _____ Policy Number: _____

Allergies: _____

Medications: _____

Existing Conditions: (injuries, asthma, physical limitations)

Emergency Information:

In the case of an emergency and we/I cannot be reached, please contact:

Name: _____ Phone Number: () _____

Relationship to participant: _____

For good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, I _____ as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by DBHS Pep. I, in my own behalf and on behalf of Minor, further agree to release and to hold DBHS Pep and the location, and the respective directors, officers, representatives, members, agents, and employees of DBHS Pep, the location and their respective affiliated from any and all liability whether caused by the negligence of the releases or otherwise for and claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and cost) arising out of or connected with the camp, including any claim arising out of or connected with the camp, including any claim arising out of or connected with any illnesses or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain during the camp, all activities associated with the camp and while traveling to and from the site for the camp whether or not the camp actually occurs. I further expressly agree to indemnify and hold harmless release and releasees' heirs, successors, assigns, executors and administrators, against loss from any further claims, demands or actions that subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs releasees may have to pay as a result of any such action, claim or demand.

I, on my own behalf and behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents.

I, on my own behalf and on behalf of Minor, am aware that this Liability Release releases releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, further acknowledge that nothing in the Liability Release constitutes that the camp will occur. I, on my own behalf and on behalf of Minor, have signed this document voluntarily, and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____