

Camp Evolve

Emergency Contacts

Child's full name: _____

Child's date of admission (child's first day of attendance at Camp Evolve): _____

Age: _____ Birthdate: _____

Name of parent(s)/guardian (s): _____

Address, City, State & Zip: _____

Phone numbers at which you can be reached during camp hours:

Home phone(s): _____ Work phone(s) _____

Cell phone(s): _____ Email address(es): _____

In case you cannot be reached in an emergency, please give an emergency contact that can be reached during camp hours:

Name: _____ Relationship: _____

Address, City, State & Zip: _____

Daytime phone number: _____

List someone the child can be released to in the event the parent cannot pick up the child:

Name: _____ Relationship: _____

Address, City, State & Zip: _____

Daytime phone number: _____

Physician/healthcare provider: _____

Address: _____ Phone number: _____

Insurance provider & Policy number: _____

Please list any known allergies to foods, drugs, etc. and type of reaction: _____

Please list any existing health conditions, illnesses, or issues: _____

Please list the name and dose of any medication your child may bring with them. Please understand that we cannot administer medications. If your child is unable to administer his/her own dose, a parent or legal guardian will need to make arrangements to meet on location when it is due.

Is there anything else we should know? _____

Camp Evolve

Release Form and Emergency Care Authorization

I am the _____ parent _____ legal guardian (check one) of _____ (child).
I give permission for my child to attend Camp Evolve.

In case of accident or sudden illness involving my child, and in the event, I cannot be reached by phone in a safe and reasonable time, I authorize a representative of Camp Evolve to consent or provide any and all emergency medical treatment deemed necessary under the supervision of a licensed physician or authorized medical technician.

I understand and agree to be responsible for all costs and expenses incurred by Camp Evolve in connection with any medical or treatment services rendered to my child.

Signature: _____ Date: _____

I give my permission that my child can participate in summer camp and related camp activities such as visiting parks, attending a movie or show, craft projects and other activities led by the staff of Camp Evolve.

My child has my permission to participate in field trips and other activities sponsored by Camp Evolve. My child has my permission to use private transportation that is operated by a designated representative of Camp Evolve., public transportation (Capital Metro buses and commuter rail) or walking in the pursuit of these and other related activities.

Signature: _____ Date: _____

I unconditionally waive and release Camp Evolve and its board, directors, owners, mentors, staff and counselors, and hold these persons harmless from any and all claims, rights or causes of action which may be asserted against Camp Evolve its board, directors, owners, mentors, staff and counselors by any person as the result of any injuries, expenses, or loss of compensation suffered by my child or me, as a direct or indirect result of the use of services, facilities or instruction of Camp Evolve, or as a direct or indirect result of my child's participation, or from any negligence on the part of Camp Evolve, including any act or failure to act.

I am aware that Camp Evolve does not provide, nor is any member of my family covered by, any policy of liability insurance which would otherwise serve to compensate members of my family in the event of an injury, expense, or loss of compensation or any other damage of any kind which I or any member of my family may experience as a direct or indirect result of the use of services, facilities or instruction of Camp Evolve, including any act or failure to act.

This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys and my estate. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

CAMP Evolve

Photo / Video Release

I hereby give permission to the staff of Camp Evolve to take photos and video of my child in the course of my child's participation in camp activities. I understand that these photos and video may appear on the Camp Evolve website or in other camp advertising.

Child's Name: _____

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

Camp Evolve

Operational Policies

The following constitute the operational policies of Camp Evolve. By reviewing and signing below, I attest that I have been made aware of these policies and consent to their implementation on the part of Camp Evolve and its director and staff while my child is in the care of Camp Evolve.

- Camp Evolve will only release a child in its care to the child's parent or parents, or to someone authorized in writing by the parent to pick up that child. A parent may authorize, by phone, a different person to pick up his or her child, but the child will not be released until that person has shown a photo ID bearing the name given by the parent, as well as allowed the recording of his or her license plate number, if applicable. Camp Evolve reserves the right to decline to release any child in its care to any such designated person the child does not appear to be comfortable in the presence of, whether or not that person has clearance to pick up the child.
- Camp Evolve reserves the right to disallow attendance by any enrolled child who is sick, has a rash or appears to have lice, or who has had a fever within the previous 24 hours. Camp Evolve also reserves the right to exclude any child who has been aggressive toward fellow campers or staff or who has shown obstinacy or uncooperativeness which Camp Evolve director or employees deem detrimental to the welfare of fellow campers and the running of the camp. All efforts will be made to address any such problems before exclusion, but Camp Evolve reserves the discretion to decide such matters, and to deny a refund to the parents of any excluded child, whether the exclusion is temporary or permanent.
- Camp Evolve does not dispense medication to any child. Any medication deemed necessary for a child in attendance must be administered by a parent or other person authorized to do so by the parents. The parent or authorized person will be allowed to come to the child at any point in the camp day to dispense any medication he or she needs.
- In the event of a medical emergency happening to one of the Camp Evolve campers, 911 will be called immediately. Any necessary first aid will be administered, and the camper's emergency contacts will be contacted.
- Discipline at Camp Evolve consists of redirection. Children behaving aggressively or making things difficult for their peers will be encouraged to see the situation from the point of view of the other child/children, and an attempt will be made to find out the reasons for the misbehavior by talking to the child. Any unmet needs of the child that account for the behavior will be addressed as well as possible. Corporal punishment will not be used at any time under any circumstances. If a child cannot be encouraged to behave more peacefully and cooperatively after multiple efforts, the parent or parents of the child will be called upon to offer guidance over the phone and, if need be, to come pick up the child early.

CAMP Evolve

Lanyard or Carabiner Hook

Camp Evolve will provide each camper with a lanyard or carabiner hook to attach a laminate with the name and picture of the camper, Camp Evolve staff names and phone numbers and information relevant to the current day's activities and safety plan, such as emergency meeting location. The staff will collect these each afternoon.

Child's Name: _____

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

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Health Statement

I, _____, the parent of _____, hereby attest that my child, named above, has had a physical exam within the past 12 months conducted by _____, whose practice is located at _____ . The telephone number for this practice is _____. I further attest that my child, named above, is healthy and able to participate in any and all activities that may be a part of her attendance at Camp Evolve this summer.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

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Immunization Statement

Name, address and telephone number of the school the child attends, unless homeschooled:

My child, _____, is a student at _____
located at _____. By signing below, I attest that this school has a
copy of my child's immunization record or state immunization exemption form on file.

The telephone number for the school is _____

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

Camp Evolve

Authorization to Obtain Medical Care and to Transport Child for Emergency Treatment

I, the parent of _____, hereby give permission for him or her to be treated for any illness or injury that may occur in the course of his or her participation in the activities of Camp Evolve. I authorize any and all staff of Camp Evolve to provide to my child any first aid they deem necessary and to transport my child to a medical care facility in the event of an injury or serious illness that may occur while my child is in attendance at Camp Evolve. I further authorize a representative of Camp Evolve to allow the treatment of my child for such injury or illness by a licensed physician or authorized medical technician.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

CAMP Evolve

Field Trip Authorization

I, the parent of _____, hereby give permission to Camp Evolve and its director, staff, mentors and counselors to take my child on field trips in the course of his or her attendance at Camp Evolve. I give permission for Camp Evolve to transport my child on these trips by driving, walking and using public transit, including the Capital Metro commuter train. I understand the risk associated with such trips and hereby give permission for my child to participate in them in the course of his or her participation in camp activities.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____