

Possum Point Players

2024 Summer Camp Consent & Information Form

Personal Information

Name of Camper _____ F ___ M ___ D.O.B. _____
Parent Name _____ Cell/Work Phone _____
Address _____ Home Phone _____
Name of Emergency Contact _____
Relationship to Camper _____
Emergency Contact Phone Number[s] _____ [C/W] _____ [Home] _____

Medical Information

Does child have any allergies: YES / NO If yes, please explain _____

Is child in good health? YES / NO If no, please explain _____

Is child prescribed an inhaler or Epi-Pen? YES / NO If yes, please explain _____

Assumption of Risk Statement

I have registered my child _____, for Possum Point Players' _____ Camp
And hereby grant permission for said child to participate in all phases and activities of this program. By signing below, I
am asserting that I knowingly and voluntarily assume all risks for my child as well as medical expenses incurred as a
result of injury or illness to my child.

Parent/Guardian Signature _____ Date _____

Authorization of Medical Care

I hereby authorize the Camp Director and/or authorized personnel of Possum Point Players' _____ Camp to be responsible for my child _____, for the purpose of medical attention. In the event of an emergency, I authorize the arrangement for any necessary emergency medical treatment, including but not limited to calling 911. I understand that Possum Point Players personnel will make every attempt to contact me as soon as possible in the event of such an emergency. I agree to assume all financial liabilities.

Parent/Guardian Signature _____ Date _____

Photo Release

I grant permission to Possum Point Players, Inc. to use, reproduce, and /or publish for the promotion of Possum Point Players, Inc. [i.e., publications, videos, websites, etc.] and its programs, photographs and/or film footage taken during the camp. The use of the photographs is strictly limited for use by Possum Point Players Inc. They will not be sold or reproduced for sale in any form.

Parent/Guardian Signature _____ Date _____

Pick-up Release Consent

Please list the person/persons that are authorized to pick-up your child from camp. Unless prior arrangements have been made, anyone not appearing on the list will be prohibited from picking up the camper. **Please print clearly.**

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____