



2024 Summer Day Camp Registration & Release

Participant One Name: _____ Birth date: _____
 Grade Entering: _____ Allergies: _____ School: _____
 Medical Conditions: _____ Bus or Parent Pickup: _____

Participant Two Name: _____ Birth date: _____
 Grade Entering: _____ Allergies: _____ School: _____
 Medical Conditions: _____ Bus or Parent Pickup: _____

Participant Three Name: _____ Birth date: _____
 Grade Entering: _____ Allergies: _____ School: _____
 Medical Conditions: _____ Bus or Parent Pickup: _____

Parent/Guardian Name One: _____ Cell Phone: _____
 Parent/Guardian Name Two: _____ Cell Phone: _____
 Emergency Contact: _____ Cell Phone: _____
 Street Address: _____ City: _____ Zip Code: _____
 Special Notes or Directions for the Address: _____

Any Other Address the Bus Driver May Leave Your Children?

Allowed Address Two: _____ City: _____ Zip Code: _____

*Please note that by signing this form you agree to have an adult present at the time of drop-off. Our bus drivers will NOT release your children until they see an adult present at the appropriate address. They will honk upon arrival. If our mode of transportation cannot make it to the address provided, a designed meet spot will be determined by the assigned bus driver. In this case, parents/guardians will be responsible to drop their children & meet them at the end of the day at the designated spot.

In Addition to the Parents and Emergency Contact Listed, is there any other person who has permission to pick up these participants? List names: _____

Is there any specific person(s) NOT allowed to pick up your child? _____

Release and Permission

I give permission for the children listed above to participate in activities with Big Creek Missions in 2024. I understand my students will be participating in exciting and active outdoor activities with our volunteers. These activities will include high energy exercises which pose certain medical risks. In the event of an accident, my personal insurance will be utilized for medical care. I give permission for my child to ride in Big Creek sponsored vehicles. Bus drivers cannot and will not drop off a child at an unauthorized location, nor will we release students to any adults not approved by this form. In consideration for attending daycamps, Big Creek has the right to search bags, confiscate illegal materials or contraband, and if necessary, refuse entry to a student to protect the safety of all participants. I have discussed with my child the importance of good behavior, proper bus rules (seat belts) and obeying rules. I give Big Creek Missions, its staff, volunteers, and representatives, permission to administer basic first aid and seek medical attention for my child if the need arises. My child may be photographed or videotaped during normal camp activities and their likeness may be used in social media. Big Creek Missions has the right to refuse entry to any student due to bad behavior. I hereby release, remise, and forever discharge Big Creek Missions and all sponsors from any and all claims, demands, actions, or cause of action past, present, or future arising out of any damage or injury while participating in this event. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I authorize Big Creek Missions to seek medical treatment for my child in the event of an emergency during their participation in camp activities. In the event that my child requires medical attention while under the care of Big Creek Missions, I hereby give my consent for Big Creek staff to: 1) Transport my child to the nearest hospital or medical facility 2) Consent to medical examination, treatment, and necessary procedures as deemed appropriate by medical professionals

Signature: _____ Printed Name: _____ Date: _____