

Koinonia Summer Camp

Permission to Treat Minor Injuries

Course of Action For Illness

Child's Name: _____ Date of Birth: _____ Age: _____
Child's Name: _____ Date of Birth: _____ Age: _____
Child's Name: _____ Date of Birth: _____ Age: _____
Child's Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Please identify any known medical or emotional illness or disorder that may pose a risk to others.

I desire to engage my child/children voluntarily, in Koinonia's Summer Camp. I hereby give permission to the Koinonia staff to have my child transported to Day Kimball Hospital in case of an emergency. I understand that there is a first aider trained in CPR and First Aid on staff. I authorize them to give my child the necessary care-which includes treatments of bumps and bruises and bee stings. Treatment will consist of cleaning the wound with soap and water and application of a band-aid. Bruises and bee stings will be treated with ice. Any complaints made to us such as a stomachache, headache, poison ivy, eye irritations, and sore throats the parents will be notified to determine what the next step will be. Should your child have a fever you will be called to come pick them up immediately. You will be given a one hour window of time in which to pick up unless other arrangements have been made. A fee of \$15 per hour will be assessed if that time frame is not adhered to.

Parent/Guardian

Date

Photo Release (Sign to give permission)

I give permission for my child(ren)'s photos to be taken at Koinonia School of Sports. I authorize and consent for their photos to be used for the appropriate purposes, including, but not limited to: our website, Facebook page, newsletters, promotional information and print publications.

X Parent's Signature: _____ **Date:** _____

General Release Form

Any person attending Koinonia School of Sports, Inc. using the facilities, taking a class, attending a field trip, or using the equipment therein, does so at his/her own risk. Koinonia School of Sports, Inc., Thompson Police Athletic League, (P.A.L.), its owners and agents shall not be liable for any damages – personal or to property – arising from personal injuries or property damages sustained by members, guests or participants, in, on, off, or about the premises of Koinonia School of Sports, Inc. It is clearly understood that physical activity of any kind can cause serious injury or even death. The participants, which includes observers, hereby release the owners, employees and agents from any and all claims, demands, damages, rights or actions or cause of actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of any loss caused by an accident. If any part of this release is deemed void by any judicial body, that declaration does not affect the remainder of the release. I have read and understand, accept and voluntarily sign the foregoing waiver, assumption of risk and release form on this day.

X Parent's Signature: _____ **Date:** _____

Medical Coverage (Provided by Parent/Guardian)

Due to the extreme cost that would be passed on to our clientele, in the form of higher tuition for all, I accept the responsibility of providing coverage for the individual that I register at Koinonia School of Sports, Inc. I am enrolling _____ in the program stated above and I understand that physical activity entails a certain amount of risk toward bodily injury. I have read, understand, accept and voluntarily sign the forgoing waiver, assumption of risk and release form on this _____ day of _____ in the year 20____.

Medical Insurance Policy Name and ID#: _____

X Parent's Signature: _____ **Date:** _____

Staff Witness: _____ Date: _____