



Youth Camp Info Form

Camp Name: _____ **Camp Dates:** _____

RELEASE OF LIABILITY:

I, the undersigned adult, am the parent or legal guardian of _____ (hereinafter referred to as "My Child.") I hereby agree to indemnify, protect and hold harmless the OFTC, Fairfax County Public Schools and the McLean Community Center, and the board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services without charge to supervise or chaperone youth participants, and the County of Fairfax and its Board of Supervisors, officers, employees, agents and volunteers, and service providers, subcontractors and their agents and employees from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney's fees, and interest, however caused, as a result of the participation of My Child in any youth activities.

Signature: _____ Date: _____

Name of Participant _____
Age _____ Date of Birth _____ Gender _____
Address _____
Home Phone _____ Parent's Email _____
Grade (Fall '10) _____ School (Fall '10) _____

Youth's Parent/Guardian Information

Father/Guardian _____ Home Phone _____
Work Phone _____ Cell Phone _____
Mother/Guardian _____ Home Phone _____
Work Phone _____ Cell Phone _____
Person(s) authorized to pick up child _____
Phone No. of authorized person(s) _____

Provide emergency contact information for 2 people who are not listed above.

1. Emergency Contact (name & relation) _____
Address _____
Home Phone _____ Cell/Work Phone _____

2. Emergency Contact (name & relation) _____
Address _____
Home Phone _____ Cell/Work Phone _____

Insurance/Medical Information

Health Insurance Carrier or Plan Name _____
Group No. _____ ID No. _____
Name of Policy Holder _____ Relation to Youth _____
Pediatrician/Physician _____ Phone _____
Special Diet/Allergies to Food _____
Other Allergies _____
Routine Medications _____
Behavior/Other _____