



Ken Lanning Kids Camp

HEALTH AND RELEASE FORM

YOU MUST BRING THIS FORM WITH YOU TO CAMP

CAMPER CANNOT BE ADMITTED WITHOUT THIS FORM

Camper Name: _____ Camp Date: _____
Sex (circle): F M Birthday: ___/___/___ Age: _____ Weight: _____ Height: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Emergency contact if I cannot be reached: _____ Phone Number (____) _____

Health and general medical history

If the camper should be restricted on any activities please note:

Please list any allergies your child has: _____

Please note any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Ken Lanning Golf Center. My camper has no known restrictions, or any other facts, that may limit her/him from participation.

Signed: _____ Date: _____

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in outdoor activities. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp.

I have read the registration packet and fully understand our obligations stated therein and also the rights of the Ken Lanning Golf Center, and hereby agree in accordance.

I further understand that the Ken Lanning Golf Center retains the right to use photographs of campers taken at camp for future promotion.

Signature of Parent/Guardian _____ Date _____

* Parent or Guardian will be contacted in case of emergency*