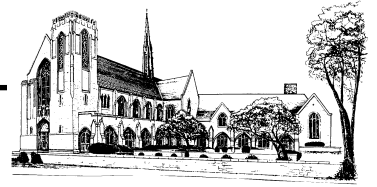


# Christ Church Grosse Pointe

## Activity Release Form



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of sibling(s) or other friends also attending the program: \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD'S FAMILY

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone #1: \_\_\_\_\_ Day Phone #2: \_\_\_\_\_

Day Phone #3: \_\_\_\_\_ Day Phone #4: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

In addition to the above names, list names and relationship of persons to whom the child can be released:

### MEDICAL INFORMATION ABOUT YOUR CHILD

Medication (type and schedule): \_\_\_\_\_

Allergies (Type): \_\_\_\_\_ Other special needs: \_\_\_\_\_

### EMERGENCY CARE INFORMATION

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Eye Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

### If parent/guardian cannot be contacted, please call:

Name/Relationship: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Name:/Relationship: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**WAIVER FOR CHILD BY PARENT** - As the parent(s) or other legal guardian(s) of the above-named child, I (we) release Christ Church Grosse Pointe (CCGP) and its officers, vestry members, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages including attorney fees, arising out of my child's participation in this activity, except for the willful misconduct or gross negligence of CCGP or of the officers, vestry members, agents, or employees.

I hereby grant and give CCGP the right to use photographs or images in which my child/children appear in classes or workshops at this activity for use in CCGP promotional materials.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**VALUABLES AND OTHER BELONGINGS:** We discourage children from bringing any valuables including electronic devices such as iPods, hand-held games, and cellphones. CCGP cannot be responsible for any lost or stolen items.

**MEDICATION:** Please send only those medications that absolutely must be taken during activity hours (i.e if it can be taken before or after camp, please make all efforts to do so). Required medication must be clearly labeled with both the child's name and dosage. Please list the details explaining what the medication is for; when and how it should be dispensed, and any specific storage information. If medication must be taken during camp hours, please notify CCGP prior to your child's first day.

**BEHAVIOR EXPECTATION POLICY:** Christ Church Grosse Pointe has basic expectations of behavior, including respect of themselves and others. These rules are reviewed with the participants each day. Failure to observe behavioral norms may result in contact with parents to arrange for early dismissal.