

SPRINGFIELD COLLEGE'S CAMP MASSASOIT PARENT/GUARDIAN WAIVER AUTHORIZATION

Camper Name: _____

Policies & Procedures Acknowledgment: I hereby acknowledge and agree to the policies and procedures that are stated in the Camp Massasoit 2018 Information Packet.

SIGNATURE _____ **DATE** _____

Authorization to Participate: I understand and certify that my child's participation at Springfield College and its activities is completely voluntary, and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent within the program. I acknowledge that although Springfield College has taken safety measures to minimize the risk of injury to participants, Springfield College cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of camp participants.

SIGNATURE _____ **DATE** _____

Health Record Authorization: The health history for my child is correct and they have permission to engage in all camp activities except as noted by me and/or the examining physician. This form may be shared with the City of Springfield Health Department under certain circumstances. I also give permission for my child's medical records to be photocopied for Health Department Records.

SIGNATURE _____ **DATE** _____

Emergency Authorization: I hereby give permission to the physician selected by a representative of Springfield College to order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a representative of Springfield College to hospitalize, charge my health insurance, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

SIGNATURE _____ **DATE** _____

Print Name: _____

WITNESS
SIGNATURE _____ **DATE** _____

Print Name: _____

This form needs to be witnessed at the time of signing by another individual (Spouse, friend, or relative can be your witness).

If for religious reasons you cannot sign this form, the camp should be contacted for a legal waiver, which must be signed to allow for attendance.