

# Camp Evergreen Registration Form 2022

TIME TO EXPLORE THE WONDERFUL MAGICAL OUTDOORS

Circle Camp/s Attending: 1. June 6-11 "The Smallest Amongst Us" 2. June 13-17 "The Giants Amongst Us"  
3. June 20-25 "Magical Collections" 4. June 27-July 1 "Crowns"

## PRINT

Name of Camper \_\_\_\_\_ DOB \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Emergency Contact, if different from above \_\_\_\_\_

E-mail \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_

**Medical Concerns or medication campers will need during Camp time 7:30-12:00: please list all and note any accommodations your child needs or uses, such as glasses, hearing aid, Inhaler, Epipen, etc. It must be brought to camp and will be returned at the end of each day.**

## Release of Liability and Camp Accident Waiver

I hereby give permission for my child \_\_\_\_\_ to participate in the activities at Camp Evergreen, held at Evergreen Farms, Elgin, Texas. I understand activities will be held outdoors in the sun or rain. I agree to have my child appropriately dressed, including closed toed shoes, and provide insect repellent and sunscreen that my child can apply on their own.

In the event of illness, injury or emergency, I authorize the camp director to act on my behalf to provide aid. I will be notified of any major injury or illness immediately, but minor injuries will be treated on site, with notification at pick up. I understand major behavior issue, causing danger or injury to another camper, will call for immediate dismissal from camp with no refund.

In consideration of my application and permitting my child to participate in activities at Camp Evergreen, I hereby:

**Waive, Release and Discharge** any and all liability of Camp Evergreen staff or property for personnel injury to my child.

**INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE** Camp Evergreen or its employees from any and all liabilities or claims as a result of any activities at Camp Evergreen.

I understand while participating in camp activities my child may be photographed for personal camp projects. The Accident Waiver and Release of Liability Form shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail form and registration fee (Check or Money Order) to: **Debbie Gaston, 1132N. Main, Elgin, TX 78621**