

July 8-12, 2019

Cold Case Camp

Geneva College

Complete the following permission form (one per camper). **Sign and mail to Cathy Schlachter at GENEVA COLLEGE 3200 College Ave. Beaver Falls, PA 15010.** Forms may also be turned in at registration prior to the event. Campers must submit a permission form signed by a parent or legal guardian to attend. Please print clearly.

Full Name _____ Name for Badge _____

Gender _____ Birth Date _____ Age _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

T-Shirt Size (*circle one*) Youth: S M L XL XXL Adult: S M L XL XXL

Grade (Fall 2019) _____ School _____

Dietary Restrictions (*Please explain*): _____

Medical Conditions / Medications to be Taken while at Camp (*Please explain*): _____

Parent/Guardian Name _____ Relationship to Camper _____

Email Address _____ Phone _____

Emergency Contact Name _____ Phone _____

Relationship to Camper _____

List All Persons Who Have Permission to Pick Up Camper _____

I give my camper permission to participate in the Cold Case Camp at Geneva College. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I give my permission for my camper to be treated by a physician and/or hospital should immediate attention be deemed necessary and recognize that any fees incurred will be my responsibility. I hereby waive and release Geneva College and Laura Pettler and Associates or any staff members of any liability for injury or illness sustained while participating in this camp. I also understand that the Camp retains the right to use for publicity and advertising purposes photographs of campers taken during the camp.

Name of Parent or Guardian (please print) _____ Date _____

Signature of Parent or Guardian (required) _____