



Adeline Christian Camp
8159 W. White Eagle Rd.
Leaf River, IL 61047



Youth Permission Form & Liability Waiver Form

I _____, hereby give permission
 (Parent/Legal Guardian)

for _____ to attend **ACC Teen Camp's Day of Camp**
 (Child's Name) (Activity)

on **Friday July 31st from 10:00 am - 9:00 pm**
 (Date/Time)

In allowing my child to participate in this activity sponsored by Adeline Christian Camp, I do hereby release and discharge Adeline Christian Camp and all of its directors, agents, and adult leaders from any and all claims, demands, actions, or causes of action on account of any injury sustained by my youth during the above named activity.

By signing this form I acknowledge that I have read and agree with its contents.

 (Signature of parent/legal guardian) (Date) (Phone)

I give permission to Adeline Christian Camp to post pictures of my child on ACC's social media accounts.
 _____YES _____NO

Who will pick up your child at the end of the event? _____
 (Name) (Phone)

(Over for Medical Release Form)

MEDICAL RELEASE FORM

I give my permission for my son/daughter to receive general first aid from ACC Leaders.

_____ (Signature) _____ (Date)

If I cannot be reached and if in the judgment of ACC Leaders immediate medical attention is indicated, I as parent/legal guardian of _____ hereby authorize an ACC
(Child's Name)

Leader or Chaperone to send my child to an available doctor or hospital.

Date of Birth ___/___/___ Date of Last Tetanus Booster (if known) ___/___/___

Any medications that your child is currently taking _____

Known allergies including allergies to medicine _____

Any other medical/physical problems or conditions _____

Family Physician _____ Phone _____

Hospital Preference: _____

Name of Parent/Legal Guardian _____

Address/City/State/Zip _____

Phone/s _____

(Home)

(Cell)

(Work)

Person to notify if parent/guardian is unavailable _____

Phone/s _____

(Home)

(Cell)

(Work)

I understand that Adeline Christian Camp is taking precautions in response to Covid19 to keep campers and staff as safe as possible. I do not hold Adeline Christian Camp responsible if my camper becomes sick after participating in an ACC event.

Signature of Parent/Guardian _____ Date _____