



WINTER CAMP 2012



February 17-19, 2012

Application and Medical Release Form

\$35 per person; Deadline is Feb. 9th

Make check out to "Winter Camp" and

Mail to: Winter Camp, 91 Allen Ave., Portland, ME 04103

FMI: call 207-797-3760 ext. 11 or email dkane@nnec.org

All Minors Must Be Accompanied By a Parent, Guardian or Adult Sponsor

Parent/Guardian/ Sponsor or Adult Camper Name/s:

Minor Name/s:

Address _____

Home Phone _____ Work Phone _____

Emergency Contact Person _____ Phone: _____

Name of Family Physician: _____

Physician's Phone Number _____

Medical Insurance _____ Policy # _____

Emergency and Liability Release

Please read carefully and sign below. It is VERY IMPORTANT that this be signed. Your application will be returned if it is NOT signed.

I release the camp, its management, and Northern New England Conference from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim. In case of a medical emergency, I hereby give permission to the physician selected by the camp director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary. I understand that campers and staff may be photographed, video graphed, and/or interviewed for use in news media, publications, or promotionals. I consent for Camp Lawroweld to use all photographs, quotes, and recordings.

Signature

Date

Signature of Parent or Guardian (if attendee is a minor)

Date