



Day Camp
115 Dixie Drive
Chapel Hill, NC 27514

APPLICATION FORM

Name of Child(ren): _____

Sex: _____ Boy _____ Girl Date of Birth: _____

School: _____

Names of Parent(s) or Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone - Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Are there any allergies or adverse reactions to anything that we ought to be aware of? If so, please describe: _____

MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency, I give my permission to the physician or dentist selected by the After School staff to hospitalize, secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as the primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by **Cely's House** and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **Cely's House**, its directors, employees, and volunteer staff liable for damages, losses, or injuries incurred by the subject of this form.

Continued on next page -

Medical Statement continued for: _____

Circle permission:

I **grant / do not grant** permission to **Cely's House** to administer any minor First-Aid (antiseptic spray, cream, bandage) or major emergency care (splints, dressings, CPR) to above named child(ren).

Circle permission:

I **grant / do not grant** permission to **Cely's House** to use any photograph of my child for website illustration.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____