

CAMP HARDTNER
SUMMER CAMP RELEASE FORM

- * Please provide us with the names of the people whom you child may be released to during and/or at the end of the camp session.
 - * In case of a request for the release of your child to a person not listed, your child will remain at camp until you have been contacted and have given us permission to release your child.
 - * Please notify us immediately if there are any changes in the list at any time during the camp session.
 - *Please fill out a separate form for each child.
 - * Campers will be released by the appropriate cabin counselor ONLY to persons listed on this Release
BE SURE TO INCLUDE YOUR NAME AND ANY FAMILY MEMBER THAT IS APPLICABLE.
- Camper's Name and Session: _____
NAMES OF PEOPLE TO WHOM YOUR CHILD MAY BE RELEASED DURING AND/OR AT THE END OF THE CAMP SESSION.

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature and Date

CAMP HARDTNER
SUMMER CAMP PARENT/GUARDIAN AGREEMENT

In case of sickness, I wish my child to be held at the camp's First Aid Facility. In the event of apparent serious illness, I authorize Camp Hardtner to send him/her to the nearest hospital. Camp Hardtner will transport any child in need of medical care to Rapides Regional Medical Center by camp vehicle. In the event of a medical emergency, Camp Hardtner will contact Pollock Fire Department who is the first responder for this area. If necessary, Pollock Fire Department will contact a local ambulance service to transport the child. All children needing immediate medical attention will be transported to Rapides regional Medical Center only. If I wish for my child to be cared for at a different facility, it will be my responsibility to transfer my child from the aforementioned hospital. I shall be responsible for charges incurred either through home health and accident insurance or Medicaid. I understand I will be notified of any illness/accident as soon as possible. I grant permission for my child to participate in all camp activities and programs at Camp Hardtner.

I authorize Camp Hardtner to have and use photographs, slides and recordings of my child as may be needed for records or public relations.

I understand that Camp Hardtner reserves the right to cancel camp programs should government action or other circumstances make camp operation impossible. Camp Hardtner also reserves the right to decline or accept an application and to dismiss a camper from camp.

Camper's Name and Session

Parent/Guardian Signature and Date

Insurance Carrier ID/Policy Number

Please return this form to Camp Hardtner, along with health form as soon as possible to expedite registration procedures.

Questions? Call (318)765-3794