



## Conditions and Release Form

Each person attending Camp Saint Andrew's must provide a signed copy of the following form before participating in camp activities. Scan and email the completed form to [registrar@campsaintandrews.com](mailto:registrar@campsaintandrews.com), or mail to Camp Saint Andrew's, P.O. Box 2789, Saratoga, CA 95070.

Camper Name: \_\_\_\_\_

### Conditions of Enrollment

Initial: \_\_\_\_\_

1. The child and their parent/guardian agree that they have read and agree to abide by all rules and conditions of Camp Saint Andrew's ("camp"). These conditions can be found here: <https://www.campsaintandrews.com/conditions-of-enrollment/>. The camp reserves the right to dismiss any child who breaks camp rules or whose conduct is unacceptable. This includes, but is not limited to: possession/use of drugs or alcohol, use of tobacco products, possession of knives or other weapons, theft, fighting, bullying, or leaving camp grounds without permission. The camp leadership reserves the right to determine what constitutes a violation of these rules.
2. In the event that a child is dismissed, it is the responsibility of the parent/guardian to provide timely transportation away from camp. The camp fee will not be refunded.
3. While participating in camp, the likeness of a child may be captured by photo or video recording. The camp reserves the right to use these images and videos for use while promoting the camp.
4. Parents/guardians must provide any updates to provided medical information before the beginning of camp.
5. Parents/guardians must provide updated contact information if they leave home for an extended period while camp is in session.
6. While participating in camp, phone calls are strictly prohibited except in the event of an emergency. We recommend setting expectations with the child and encouraging letter writing to manage homesickness.

### Medical Release

Initial: \_\_\_\_\_

I verify that the health history provided to the camp is correct and accurately reflects the health status of the person to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order any x-rays, routine tests, and treatment related to the health of this child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the medical information provided to the camp will be shared on a "need to know" basis with camp staff. I give permission to print copies of this information. In addition, the camp has permission to obtain a copy of the child's health record from providers who treat the child and these providers may talk with the camp staff about the child's health status.

### Release of Liability

Initial: \_\_\_\_\_

I hereby release Saint Andrew's Church and Camp Saint Andrew's staff from all responsibility or liability to this child related to accident, injury, expense, or property loss while attending camp and participating in camp activities.

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_