



Summer Camp

REGISTRATION RISK STATEMENT

****one form per family****

I give permission for my child/children (please list all names)

to participate in the following WCA Camp(s)

program, which may include group workshops and activities, crafts, and off campus activities, I, the undersigned, individually and as parent(s) or guardian(s) of the above said minor[s], and ask that he/she/they be admitted to participate in this camp sponsored by Wake Christian Academy. I agree to release, discharge, and hold harmless Wake Christian Academy, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor[s] arising out of the minor's attendance at the camp or in the course of competition and/or activities held in connection with the camp, including off campus activities. We give Wake Christian Academy the authority to secure medical treatment if that should become necessary. Medical information is listed below:

Insurance Company: _____ Group #: _____

Name of Insured: _____

Doctor: _____ Phone #: _____

Medical Conditions: _____

Medications: _____

Allergies _____

Date: _____

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

Emergency Contact number: _____