Passport, Inc. Camper Medical & Photo Release Form

(Please fill out as clearly as possible in black or dark blue ink only)

Camper Info

Name _____ Age _____ Date of Birth _____ T-Shirt Size _____

Parent or Legal Guardian Name _____

Parent Email _____ Camper's Grade (prior to this summer) _____

Address _____ City _____ ST _____ ZIP _____

Phone _____ (cell/work/home) _____ (cell/work/home) _____ (cell/work/home)

My child will be attending PASSPORT with _____ Church.

Medical Info

Medication (*currently using*) _____

_____

Allergies _____

Family Doctor _____ Address _____

City, ST, ZIP _____ Phone _____

Insurance Carrier (*if applicable*) _____ Policy # _____

Date of last Tetanus shot _____ Group # _____

Medical & Photo Release

I (*print name of Parent or Legal Guardian*), _____ do hereby give my

permission for my child, (*print name of child*) _____
to receive emergency medical care. In addition, I will not hold Passport, Inc., responsible for any expense, claims, or liability arising from an injury to my child.

Throughout a session of PASSPORT, a photographer and videographer may take footage that could be used in future Passport, Inc. promotional materials. My signature below gives permission for Passport, Inc. to use my child's image(s) in future promotional materials. If I choose not to allow Passport to display images of my child, I will indicate so by crossing out the previous sentence.

Signature _____ Date Signed _____

Must be Signed by Parent or Legal Guardian