

**CAMP REGISTRATION FORM**  
**AND MEDICAL, HEALTH INSURANCE, AND CONTACT INFORMATION**

**EWU Junior Law Enforcement Summer Camp 2018, August 5 to August 9, 2018**

***This form is required for minors who wish to participate in EWU Junior Law Enforcement Summer Camp 2018.  
Minors cannot participate in JLE Camp without this completed form.***

**Camper Information (Please print)**

Name: (first, middle & last) \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian Emergency Contact Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alternate Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Insurance Coverage Information**

Insurance Provider: \_\_\_\_\_ Policy / ID Number: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Providers Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***A copy of the front and back of your insurance card is required; please attach them to this form.***

**Health Information**

Please list any medical conditions your child has, including any requiring maintenance medication (e.g. Diabetes, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Is your child presently being treated for any injury or sickness, or taking any form of medication for any reason?

Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

The purpose of this information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**I certify that the above information is complete and accurate:**

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

## CAMPER'S ACKNOWLEDGEMENT OF RESPONSIBILITIES AND RISKS

***EWU Junior Law Enforcement Summer Camp 2018, August 5 to August 9, 2018***

***This form is required for children, age 14 to 17, who wish to participate in EWU's Junior Law Enforcement Summer Camp 2018. Minors must read and sign this form in order to participate in the camp.***

I want to participate in EWU's Junior Law Enforcement Summer Camp 2018 (JLE Camp). I understand and agree to the following rules and conditions:

- I understand that EWU's JLE Camp includes activities that are risky and could result in personal injury, illness, or property loss or damage. I voluntarily choose to participate in JLE Camp activities with full knowledge that the activities may be dangerous.
- I understand that I am responsible for any injury, loss, or property damage to me or to other people that is caused by my conduct.
- I agree to notify a JLE Camp staff member of any existing medical condition or medication that could affect my ability to fully participate in JLE Camp activities.
- I understand that if I need medical attention and I am unable to provide consent on my own behalf, JLE Camp staff may take whatever actions they consider necessary concerning my health and safety, including transportation to a medical facility, approval of a hospital, medical facility, and/or health care provider, and approval of medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being.
- I understand the care and security of my personal belongings are my responsibility.
- I understand I may not use alcohol, tobacco, marijuana, or illegal drugs while on campus.
- I understand that if I choose not to follow activity rules or regulations, I can be removed from participation in JLE Camp by EWU staff and returned immediately to my parent's or guardian's care.
- I understand that I will make decisions about my own safety and what activities I choose to participate in. I am responsible for the consequences of those decisions.
- I understand that my participation in JLE Camp activities is voluntary.

**By my signature below, I affirm that have read, understood, and voluntarily accept the terms of this agreement.**

\_\_\_\_\_  
Participant's Signature, Date

## PHOTOGRAPH / RECORDINGS RELEASE AND TRANSPORTATION RELEASE

***EWU Junior Law Enforcement Summer Camp 2018, August 5 to August 9, 2018***

**Photograph/Recordings Release:** I understand that photographs and/or video/audio recordings may be made of my child during EWU Junior Law Enforcement Summer Camp 2018. I grant full permission for EWU to use any photographs, recordings, or any other record of my child's activities during the EWU JLE Camp. I understand that all photographs and recordings are the property of Eastern Washington University.

**Transportation Release:** I understand that, as part of the JLE Camp program, my child will be transported to different locations in the Spokane area. I hereby give permission for the transportation of my child for JLE Camp activities by modes of transportation determined by JLE Camp staff.

\_\_\_\_\_  
Parent/Guardian's Signature, Date

**PARENT/GUARDIAN CONSENT, ASSUMPTION OF RISK, WAIVER AND INDEMNITY AGREEMENT**

***EWU Junior Law Enforcement Summer Camp 2018, August 5 to August 9, 2018***

***This form is required for minors who wish to participate in EWU Junior Law Enforcement Summer Camp 2018 (JLE Camp). Minors cannot participate in JLE Camp without the minor's parent/guardian signing this form.***

1. I give permission for my child to participate in EWU's Junior Law Enforcement Summer Camp 2018 (JLE Camp). I understand my child is responsible for following the rules of the JLE Camp. In the event my child does not follow the rules or becomes sick or injured while participating in JLE Camp, I agree to immediately pick up my child from EWU, regardless of the time.
2. I understand and acknowledge that participating in JLE Camp activities includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, muscle or skeletal injuries, collisions, respiratory issues, strains, sprains, fractures, dislocations, heart attack, stroke, heat stress, drowning, or even death. I voluntarily choose to allow my child to participate in such activities with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
3. I further assume full responsibility for all such damages caused to others by my child. In consideration of EWU permitting my child to participate in JLE Camp activities, **I agree to indemnify, defend, hold harmless, discharge and release Eastern Washington University, their agents, employees and officers ("EWU") from any and all liability**, claims, causes of action or demands of any kind and nature whatsoever, including attorney's fees incurred by EWU, that may arise from or be related to my child's participation in JLE Camp activities. This release shall be binding not only for me, but upon my heirs, administrators, executors, successors, and assignees regarding EWU's JLE Camp and associated activities. I further acknowledge and accept the rules and procedures concerning the use of the equipment and facilities as part of JLE Camp.
4. Prior to participating in JLE Camp activities, users are encouraged to consult with a medical professional to confirm fitness for participation in JLE Camp activities. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect his/her safety, or the safety of others, related to his/her participation in JLE Camp activities. If my child has a prescription for medications or is taking over the counter medications, I understand that I should confirm with my child's medical provider whether the medications will impact his/her participation in JLE Camp activities. I understand that my child should not participate in JLE Camp activities while under the influence of any medication that may impact his/her ability to safely participate.
5. I understand that neither EWU, nor its employees/agents, serve as guardians or insurers of my child's safety. I understand that I must provide proof of health care coverage for my child in order for my child to participate in JLE Camp. I understand that, as part of the JLE Camp registration fee, EWU provides limited, catastrophic medical coverage for my child and that such coverage is secondary to the health care coverage that I must provide. I agree that any and all expenses arising from an accident or injury to my child or my child's property, including but not limited to, emergency transport; emergency medical services; medical treatment; and damage or loss to property are my responsibility. I assert I have obtained and agree to use my personal medical insurance as primary medical coverage if an accident of injury occurs.
6. In the event any medical attention is needed, I consent on my child's behalf to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my child's health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval for a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my child's health and well-being, all at my child's/my expense.
7. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to JLE Camp activities on behalf of the participating child, his/her parents/guardians, heirs, assigns, or other successors in interest.

***By my signature below, I certify I am the legal parent or guardian of the named child, am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in activities at EWU Recreation Facilities.***

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature / Date