

# South Florida Camp Medical Waiver 2022

Please Print (all in this section)

Participant's name \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone # (of parent): \_\_\_\_\_

## Medical Release

PARENTS: I hereby give authority to Jose Orama, who is the NYI President of the Southern Florida District, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and the The camp staff as those who will supervise this event and uphold proper conduct. The first step of discipline should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, \_\_\_\_\_ . I understand that the event Teen Camp will require my son/daughter to make choices and to keep a schedule and that he/she may not be under direct adult supervision at all times. I agree to release and hold harmless any and all staff and lay assistants of The Southern Florida District NYI from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence. My son/daughter has my permission to attend Teen Camp. NOTE: Valuables should be left at home!

## Student Guidelines

### PERSONAL GROWTH:

(PLEASE CHECK THE BOXES INDICATING THAT YOU UNDERSTAND)

- I will respect others and their possessions
- I will respect the property of the Southern Florida District & Lake Placid Camp and Conference Center and their rules
- I will display attitudes that are uplifting, cooperative, and unifying
- I realize that cursing and rude demeaning gestures are never acceptable behavior
- I realize that modest and proper attire is important. I will follow the Southern Florida NYI youth leader's instructions regarding this
- I realize the importance of wearing modest swimwear. (The ladies are to wear a 1-piece, a tank top style swim top, and modest bottom, or a dark-colored t-shirt over a 2 piece that does not cover the stomach. Guys are to wear swim trunks and a Sports shirt. Speedos will not be tolerated.)

CONSEQUENCES: If I do not abide by these guidelines that I have committed to, I realize that the consequences will take place as follows:

- I will be confronted about my actions and or I will be given an appropriate type of discipline and or I will be sent home (at my parent's expense)

\_\_\_\_\_  
Student's Signature Parent's Signature

Media Release

I agree that the Southern Florida District NYI has

permission to use images of me in print, video, or digital media for purposes of promoting and memorializing any Southern Florida District event.

\_\_\_\_\_  
Parent/Guardian Signature

**\*YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT Camp FOR ANY MEDICAL EMERGENCIES. THIS THE ORIGINAL FORM MUST BE SUBMITTED TO THE CAMP REGISTRATION TEAM TO BE RETAINED DURING CAMP.**

Notarization

\_\_\_\_\_ (Parent Signature)

Before me, a Notary Public, in and for said County and State/Province this \_\_\_\_ day of \_\_\_\_\_, in the year of

\_\_\_\_\_, personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing. In Witness Whereof, I have hereunto set my hand and Notary Seal. State/Province of: \_\_\_\_\_ County of: \_\_\_\_\_

Notary Public Signature:

\_\_\_\_\_  
My Commission expiration date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Seal