



Concerns, allergies, or anything that the Day Camp staff should be aware of? (If Yes, please explain)

Is your child currently taking or has s/he ever taken, any medication? (If Yes, please explain)

**To be answered by camper:**

"The #1 thing I hope we do at this Camp is....."

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## **PAYMENT**

- Enclosed is a check in amount of \_\_\_\_\_. Check # \_\_\_\_\_
- Enclosed is cash. Amt. \$\_\_\_\_\_

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## **PERMISSION**

(This section must be signed in order for your child to attend camp)

By signing this form, I certify that all the information is true and correct. I understand that while attending Harrington's Sports and Adventure Camp with the Oneness-Family School, my child may be exposed to above normal risks. Although Harrington's Sports and Adventure Camp with the Oneness-Family School and its contractors have taken many precautions to provide quality equipment and qualified personnel for each part of the program, it is impossible for the camp to guarantee absolute safety.

I also agree to make sure my child applies sunscreen every day, and to leave camp with enough sunscreen to be reapplied throughout the entire day. If my child does not have enough sunscreen for the day, I authorize Harrington's Sports and Adventure Camp with the Oneness-Family School to provide my child with sunscreen and if my child has an allergic reaction to the provided sunscreen I will hold Harrington's Sports and Adventure Camp with the Oneness-Family School harmless.

I understand that the information provided in this form shall remain confidential and be made available to Harrington's Sports and Adventure Camp with the Oneness-Family School staff and any medical or emergency personnel. I understand that my failure to disclose any medical or psychological condition could result in harm to my child or his/her instructors.

I give permission for any emergency hospitalization, anesthesia, operation or other treatment that may become necessary, prior to notification to the emergency contact provided herein.

By signing below, I give permission for my child to be transported in a Oneness-Family School bus while they are participating in activities for camp. Drivers of the Oneness Family School buses will have at least a CDL-B license and covered by Oneness Family School's insurance policy.

\_\_\_\_\_ HAS MY PERMISSION TO ATTEND HARRINGTON'S SPORTS AND ADVENTURE CAMP.

Parent/Guardian's Signature

\_\_\_\_\_ please print Parent/Guardian name here

Check this box if you DO NOT give permission for Harrington's Sport and Adventure Camp to use pictures of your child for promotional purposes(camp brochure, web site, staff recruiting display, etc.)

Please submit this form to:  
Oneness-Family School  
6701 Wisconsin Avenue  
Chevy Chase, MD 20815

\_\_\_\_\_  
Date