

Waiver Form

Panagia's Garden - St. Nicholas Summer Day Camp

Camper Information

First Name _____ Middle _____ Last _____

Date of Birth _____ Grade _____ Gender: Male ___ Female ___

Address _____

List any known allergies _____

Parent/Guardian #1 Contact Information

Mother Father

First _____ Middle _____ Last _____

Address _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian #2 Contact Information

Mother Father

First _____ Middle _____ Last _____

Address _____

Cell Phone _____ Work Phone _____

Email _____

Emergency Contact Information – Alternate Pickup/Release

First Name _____ Last name _____

Phone _____ Email _____

Relation to child _____

- I give permission to have my child taken to the hospital in case of an emergency
Yes ___ No ___
- I give permission to have my child's name and photograph used for promotional purposes, in reference to the Camp Program: Yes ___ No ___
- I will not send my child to Camp if they are exhibiting any Covid-19 symptoms.
- St. Nicholas Greek Orthodox Shrine Church will not be held accountable in the case of accidental injury, illness or death of camp participants.

Parent's Signature: _____ **Date:** ___/___/___