

**CHANCO 2004**

**EMERGENCY CONTACT INFORMATION**

(Please Print Neatly)

CAMPER'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

COMPLETE HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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**#1 EMERGENCY CONTACT OTHER THAN PARENT**

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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**#2 EMERGENCY CONTACT OTHER THAN PARENT**

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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**#3 EMERGENCY CONTACT OTHER THAN PARENT**

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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**AUTHORIZATION FOR ACTIVITIES AND EMERGENCY TREATMENT**

The above named camper has my permission to engage in all prescribed camp activities except as noted below, including but not limited to occasional campouts and field trips on or off the Chanco property, use of the ropes course/adventure activities provided that all safety measures and standards are followed. I also give permission for photographs or video of my child to be used by the camp for promotional or other purposes. I understand that camping activities involve a certain degree of risk and possible injury by reason of the nature of camp and its activities. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, to order injection, anesthesia, and/or surgery for my child as named above. I hereby indemnify and agree to hold harmless Camp Chanco/Diocese of Southern Virginia, its members, representatives, officers, agents, employees, directors, and each of them, for any and all past, present, or future loss or damage to property, and/or bodily injury, including death, resulting from or arising out of those activities prescribed in the camp brochure. The completed forms may be photocopied and used as an original signed form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Exceptions to activities for above named camper \_\_\_\_\_