

Elementary School Retreat: Feb. 24-25

HMCA, 99 Christian Camp Rd. Ona, WV 25545

Office Phone: 304-743-4332 Website: www.howellsmill.org

Early Cost: \$30 if postmarked by Feb. 14th; \$40 after.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ 2nd #: _____

Birthday: _____ Current Grade: _____

Email Address: _____

Home Church: _____

Male Female

Emergency Contact: _____

Phone Number: _____ Cell: _____

Bringing Medicines? Yes No

Food Allergies: Yes No _____

Medical Allergies: Yes No _____

Notes: _____

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Medical/Camp Liability Release

I understand that, in the event of an emergency, HMCA will make every effort to contact those people listed on this form. In the event that HMCA is unable to contact myself or the designated contact, I give my permission to the physician selected by the camp management to secure treatment for my child as named on this form. I give permission for the camp nurse & camp staff to dispense meds to my child.

I understand that completion of this medical form with my signature grants my camper participation in a HMCA program and activities. I release HMCA staff, faculty, officers, and management from any liability and shall not be held responsible for any articles lost, stolen, or left at camp. HMCA has my permission to use any video or photos taken of my child while attending or participating in a camp program.

Howell's Mill Christian Assembly insurance assists only medical injuries occurring during the duration of the HMCA program. Individual insurance coverage will be primarily responsible for extended coverage and HMCA will be limited secondary coverage only.

Parent/Guardian Signature Date

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