

Medical & Health Needs

Does your child take medication? **Y or N**

If yes, what type of medication? _____

Must it be administered during camp hours? **Y or N**

Allergies ... Does your child have allergies? **Y or N**

If yes, to what? _____

Describe allergic reaction _____

Asthma ... Does your child have asthma? **Y or N**

Describe specific signs of an asthma attack in your child:

Special medication _____

Other Important Information

Please describe anything else we need to know about your child that you feel is Important (attach separate sheet if needed):

Describe your child and how you think he/she would benefit from Camp Flying Point:

Parental Consent & Release

My child has permission to participate in Camp Flying including all recreational activities, unless indicated below:

In consideration of the Flying Point Foundation for Autism Inc., permitting my child to attend Camp Flying Point, I hereby **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE** that I or my child may have against the Flying Point Foundation for Autism Inc., its directors, officers, employees, counselors, volunteers, agents, assignees and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns arising out of or resulting from any and all injuries or damages of any nature, including death, which my child may suffer while participating at Camp Flying Point.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY AND ALL PARTIES IN CONNECTION WITH Camp Flying Point.

I further understand that (I) (and my child) assume(s) all risks in participating at Camp Flying Point. I further recognize that the Flying Point Foundation for Autism Inc. cannot be held responsible for loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked. This release shall be binding upon me, my (and my child's) heirs, executors, administrators, assignees (and all legal guardians of my child).

- No refunds will be granted for sick or absent days.
- No children will be release to a non-family member without prior consent from a parent/guardian.
- All photos taken during the course of camp activities are the property of the Flying Point Foundation for Autism and Camp Flying Point and *may* be used in camp promotional materials.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Relationship to Camper

Date