



Camp Sparkle Sign-Up Form & Permission Slip

Please complete ONE form per each child

Child's Name: _____

Age: _____ Gender: _____ Grade Entering into Fall 2022: _____

Child's Address: _____

City: _____ Zip Code: _____

Parent/Guardian's Phone: _____

Parent/Guardian's Email: _____

Child's T-Shirt Size: _____

Allergies/Medical Concerns:

Please briefly describe child's association with cancer or grief:

Emergency Contact Name: _____

Emergency Contact Phone: _____

The following adults may pick my child up from Camp Sparkle 2022:

CONSENT TO PARTICIPATE

My child has permission to engage in all Camp Sparkle activities affiliated with Gilda's Club Grand Rapids.

CONSENT TO OBTAIN EMERGENCY MEDICAL TREATMENT and CHILD RELEASE

By signing below, I grant permission for emergency treatment of the below named child. I understand that he/she will be released to no one other than me, unless I have made arrangements in writing with a staff person at Gilda's Club Grand Rapids.

CONSENT FOR PHOTO RELEASE

Without consideration, I consent and give permission to Gilda's Club Grand Rapids to use a photograph(s) of myself and/or my child and/or their activities and/or to use a video of myself and my child and their activities for presentation, advertising or publication in any manner. I waive the opportunity and right to inspect or approve any photograph(s) and/or videotape or any use to which it may be used. I release Gilda's Club Grand Rapids, its directors, employees, volunteers, agents and those acting under its authority from all claims and liabilities of any kind arising out of or in connection with the use of photograph(s) and/or video tapes, and further agree to hold Gilda's Club Grand Rapids harmless from any and all liability, of whatever nature, which at any time may arise out of or result from any of the foregoing uses.

Parent/Guardian Name & Signature: _____ Date: _____