

Health & Medical Release Form



Yosemite High School
50200 Road 427 Oakhurst, CA 93644



36611 Mudge Ranch Rd.
Coarsegold, CA. 93614
Phone (559) 683-6563
Fax (855) 683-2207
www.CampOakhurst.org
GuestServices@CampOakhurst.org

2014 YHS SOBER GRAD

Student's name _____ Age at event _____ Date of birth ____/____/____

Male ____ Female ____ Parent or Guardian _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Home address _____ Email _____

Emergency Contact (In addition to Parents) _____ Relationship _____

Phone (____) _____ May we use your student's photo in future Sober Grad promotional materials Yes ____ No ____

_____ will be dropped off between 10:00 and 12:00 PM on Friday 6/6/14 and picked up at 5:30 AM on Saturday 6/7/14. Gates will be closed midnight to 5 AM. Sign-ups and recreation begins promptly at 10 PM.

Closed toed shoes required for Climbing Wall, High Ropes, Giant Swing and Paintball. Bring warm clothing along with swim suits for Giant Slip-N-Slide and swimming pool. Parent or Guardian's Initial _____

Authorization and Consent for Treatment

I, the undersigned parent/guardian, give permission for my child to participate in all camp activities designed for his/her age group. I further authorize *Camp Oakhurst and Yosemite PTA* as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the medicine practices act on the medical sta of local hospitals whether such a diagnosis or treatment is rendered at the o-ce of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature _____ Date _____
(Signature of Parent or Guardian if under 18)

Medical Liability Release

MEDICAL RELEASE: This health history is correct so far as I know and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst and Yosemite PTA has my permission to procure medical treatment for the above named (minor, if applicable). I understand Camp Oakhurst and Yosemite PTA does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all such fees and charges arising from illness or injury that may occur.

LIABILITY RELEASE: The undersigned, for himself or herself and on behalf of his or her children/wards and their personal representatives assigns or heirs, (hereinafter referred to as Releasors), hereby releases and agrees and covenants not to sue Camp Oakhurst and Yosemite PTA, their owners, directors, stock holders, agents, successors or any employee, (herein after referred to as Releasees), from any and all liability for loss, damage, injury, death or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst and Yosemite PTA. The undersigned elects to participate and/or allow his or her children/ wards, to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN/WARDS TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN/WARDS DOES NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____
(Signature of Parent or Guardian if under 18)

