



Consent Form

(If you applied online, please print, sign, and bring to Registration)

Camp WAMAVA may feature my child's name, likeness or voice in any videotape, television, motion picture, audio recording, broadcast, website or still photograph production that will be produced by Camp WAMAVA and made available to the public or media.

(Please check one, then initial) Yes () No () _____

I give my consent and authorize the Director of Camp WAMAVA or his appointed representative to secure any medical diagnosis or treatment from the nearest available qualified medical practitioner in the event of illness or injury. I understand that I will be notified, as soon as possible, of any accident or illness suffered by my child.

Signature (parent /guardian) _____

As a camper at Camp WAMAVA, I have read and agree to obey ALL of the rules of the camp.

Signature (camper) _____

Note: Camp WAMAVA's insurance extends coverage for treatment of physical injuries, but does not cover treatment for illness.