

List people in addition to parents who are permitted to pick up child:

Is there anyone who may not pick up child (need documentation on file)?

Medical Information

Primary Physician: _____

Phone: _____

List any medical conditions or concerns requiring attention and/or medication:

List any allergies (food, medication, environmental, etc.):

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize camp staff to call emergency services and provide necessary medical services in the event my child is injured or ill.

I understand that St. Timothy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Signature of Parent or Legal Guardian:

Date: _____



Movement Sports Academy Summer Camp Media Release Consent Form

Dear Parents,

The camp reserves the right to use camper or parent photos in any Movement Sports Academy publication including, but not limited to print publications, videos, or websites including Instagram, X, and other social media websites.

Any parent who does not want his or her child's picture or video to be used accordingly must notify the camp's director in writing prior to the beginning of the camp.

By executing this acknowledgment of receipt of this form, Parents HEREBY CONSENT, authorize and grant permission to Movement Sports Academy, and their agents, employees, or duly authorized representatives to photograph or videotape campers and parents and CONSENT to their publication for any purpose deemed proper by the camp, including but not limited to, use on the internet.

Additionally, Parents, by executing this acknowledgment of receipt of this form, HEREBY RELEASE the camp, Movement Sports Academy, and their corporate members, officers, employees, and agents, from any claims or liabilities that allegedly arise from or are related to the use of student or parent photos.

Camper's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____