

CAMP TAHQUITZ

PARENT CONSENT/MEDICAL TREATMENT AUTHORIZATION/PHOTO RELEASE

Fill in ALL 3 boxes below!

AUTHORIZATION AND CONSENT FOR MINOR TO PARTICIPATE

I/We, the undersigned parent(s)/guardian(s) of (FULL NAME) _____ a minor, hereby make application for said minor for a place at CAMP TAHQUITZ SUMMER CAMP. I/we give permission for said minor to attend and participate in all summertime activities at Camp Tahquitz. Said minor is amenable to such rules and regulations as may be made by the Long Beach Area Council (LBAC) Executive Board, Camp Director, or its representatives.

It is expressly understood by the parents or guardians that the minor for whom this application is made is in a condition of health that warrants his taking part in the event, and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said outing.

AUTHORIZATION TO CONSENT OF TREATMENT OF MINOR

I/we do hereby authorize the LBAC Camp Director or his designate as agent(s) 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 the general or special supervision of, any physician or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office 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 that the aforementioned physician, in the exercise of his best judgment may deem advisable.

AUTHORIZATION FOR PHOTO RELEASE FOR PROMOTIONAL PUBLICATIONS

I/we understand that promotional pictures may be taken during camp activities. These promotional pieces may include camp brochures, videos, LBAC publications, web sites, and slide shows. I/we authorize the Long Beach Area Council, Boy Scouts of America LBAC, and the National Council, Boy Scouts of America, to use photography or video images of said minor for future promotional and related program purposes. It is the policy of the LBAC not to identify youth members by full name or address in any photographs, videos, or publications used.

These authorizations shall remain in effect for the event listed below.

PLACE: CAMP TAHQUITZ SUMMER CAMP DATES: FROM _____ TO _____
PARENT/GUARDIAN _____ WITNESS _____
(Please print)
SIGNED _____ Date _____ SIGNED _____ Date _____

AUTHORIZATION TO PERMIT USE OF FIREARMS
California Penal Code Section 12552 prohibits furnishing firearms to minors 18 without the express or implied permission of the parent/guardian of the minor. Understanding this, I do do not give my permission for my child to use a firearm at Camp Tahquitz.

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____
EMERGENCY PHONE NUMBER IN THE EVENT THAT PARENT/GUARDIAN CANNOT BE CONTACTED
NAME _____ RELATIONSHIP _____ PHONE _____

RULES FOR ACCEPTANCE AND PARTICIPATION IN CAMP TAHQUITZ ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP.