

**2024 Camp Challenge Summer Learning Application**

**Parent or Adult Guardian:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Number of Children Who Will Attend:** \_\_\_\_\_

**Names, Date of Birth and Grade Level Child Will Enter in The Fall:**

_____	_____
_____	_____
_____	_____

**Josh Gibson Foundation and Ozanam Inc. Activities**

**Indemnification and Release**

I hereby represent that my child has not physical restriction which would prohibit his participation in Camp Challenge/Academic Enrichment and More activities. I, the undersigned parent/guardian, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless Sean L. Gibson, Josh Gibson Foundation and Ozanam Inc. staff or any of their agents, representatives, employees or assigns for my health, safety, or any injury and/or disability arising out or resulting from Ozanam Inc. activities. By signing, I acknowledge that I had read and understand this agreement, consent, and waiver and agree to abide by the information presented while my child is participating in the JGF/Ozanam Inc. Camp Challenge Summer Learning.

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical Information

My child has the following allergies: \_\_\_\_\_

\_\_\_\_\_

My child is currently taking the following medications (please list medications and dosage):

\_\_\_\_\_

\_\_\_\_\_

My child's last Tetanus shot was: \_\_\_\_\_

My child's doctor and phone number: \_\_\_\_\_

\_\_\_\_\_

Child's medical history: \_\_\_\_\_

\_\_\_\_\_

Date of child's last hospitalization and reason: \_\_\_\_\_

\_\_\_\_\_

Place of hospitalization: \_\_\_\_\_

Please list any other relevant medical information: \_\_\_\_\_

\_\_\_\_\_

Child's insurance information (please attach a copy of the child's insurance card):

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Member I.D.#: \_\_\_\_\_ Group #: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

## **Agreement Regarding Insurance Coverage**

I/we, the undersigned, being the parent or legal guardian of \_\_\_\_\_, a minor and a participant of The Josh Gibson Foundation & Ozanam Inc. Camp Challenge Summer Learning activities, hereby agree that I/we will not permit the aforesaid minor to travel with The Josh Gibson Foundation or Ozanam Inc. Camp Challenge Summer Learning unless said minor is covered by a policy of health insurance, which will provide coverage in the event said minor is injured while traveling with The Josh Gibson Foundation or Ozanam Inc. Camp Challenge Summer Learning.

## Photograph/Video Release Form

The Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning, its employees, agents, servants, and representatives may use the student's name, photographic likeness, alone or in a group, in any Josh Gibson Foundation/ Ozanam Inc. Camp Challenge Summer Learning publication, document, television production, video or to release said name or likeness to any media outlets including but not limited to: newspapers, magazines, or television stations for publicity and/or recognition purposes. We will only use your child's likeness in an effort to enhance the Josh Gibson Foundation/ Ozanam Inc. Camp Challenge Summer Learning and the community, itself.

Additionally, I extend permission to use this student's name and/or photographic likeness, alone or in a group, on the official website of the Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning or a website available through the official website, not excluding the Josh Gibson Foundation or Ozanam Inc. Camp Challenge Summer Learning official Facebook page. The official website is owned and maintained by Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning as a service to the parents, students and community and can be accessed and viewed at: [www.joshgibson.org](http://www.joshgibson.org) or [www.ozanamprograms.org](http://www.ozanamprograms.org)

This permission shall remain in effect unless revoked by me and communicated to the Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning in writing.

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Child's Name (please print)**

I, parent/guardian, **GIVE my consent to the above-mentioned section.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

I, parent/guardian, **DO NOT** give my consent to the above-mentioned section.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**