

# John O'Neill Swim Camps and Clinics

at Providence College

## Parent/Guardian Permission and Hold Harmless Agreement

Camper's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_  
(please print)

Parent Name(s): \_\_\_\_\_ Phone #s : \_\_\_\_\_  
(please print)

I, the camper's parent/legal guardian, understand the nature of camp activities, certify that the camper is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless John O'Neill Swim Camps, O'Neill Aquatics, LLC and Providence College, its trustees, officers, agents, and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

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Parent or Legal Guardian

Signature

Date

## 2. Medical and Emergency Information

In anticipation of my child's participation in the camp program, I certify that I have consulted with my child's physician and that my child has been medically cleared for camp-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List any and all medications: \_\_\_\_\_

Does your child need camp staff to store and/or dispense medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide specific instructions: \_\_\_\_\_

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List any medical condition or history that would require special attention (e.g. medication or food allergies, asthma, diabetes, epilepsy); also please provide treatment protocol (e.g. Inhaler, Epinephrine, Insulin):

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**Parent/Legal Guardian Form**

I give permission for my child to receive emergency treatment. I understand that every attempt will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name & Phone # (include area code): \_\_\_\_\_  
\_\_\_\_\_

Secondary Emergency Contact Name & Phone # (include area code): \_\_\_\_\_  
\_\_\_\_\_

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

**3. Persons Permitted to Retrieve Your Child From Camp**

Please let us know if there are special arrangements or restrictions for early dismissal or retrieving your child at the end of camp each day or at the end of an overnight camp session.

Name of the person or persons to whom we may release your child: \_\_\_\_\_  
\_\_\_\_\_

Is there additional information that we need to know? (For example, if your child is named as a “protected person” in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_