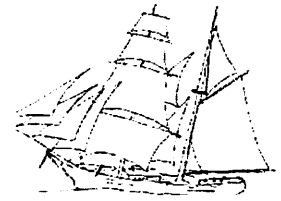


**ENCAMPMENT PROGRAM
Medical Information**

**Tall Ship
June 30, 2015
Delphi Academy**



PLEASE PRINT

Date of participation ___/___/___ Pack or Troop number _____

_____/_____/_____
Participant's name Birthday

Address

Parent/s, guardian/s or alternate contact's name Phone (_____) _____

One other phone number where this person might be reached (_____) _____

Name of physician Phone (_____) _____

Does the participant have any physical or medical conditions or restrictions ___ YES ___ NO

If so, please describe: _____

Signature of parent, guardian (if participant is under 18 years of age) or participant Date



**STATEMENT OF CONSENT TO PARTICIPATE IN OFF-CAMPUS CAMPING TRIP
AND OTHER OVERNIGHT TRIPS - RELEASE WAIVER**

Students Name: _____ Class: _____

Activity: Initial One or Both

Camping Trip

Overnight Trip(s)

Delphi Academy is offering an off-campus camping trip that is not directly linked to the requirements of its educational program and in which the participation of students will be voluntary.

I understand that there are certain dangers, hazards, and risks inherent in overnight camping and the activities included in this trip. Such a trip inherently bears more risk than a routine field trip.

No student may participate in this trip without the express written consent of the parent.

The undersigned parent assumes all risks in connection with the student's participation in the above referenced activity. I understand that neither Delphi Schools, Inc., The Delphi Academy of Campbell nor any of its officers, trustees, employees, students or volunteers shall be liable to myself or my child for any claim arising out of this activity, such claims being hereby waived, and that I will indemnify and save harmless The Delphi Academy of Campbell and its officers, trustees, employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of my/our child during this activity.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date