

# Berwick Boys Foundation

335 West Street

West Bridgewater, MA 02379

Tel: (508) 586-0059 Fax: (508) 586-7597

<http://www.berwick.org> Email: [info@berwick.org](mailto:info@berwick.org)

## **SUMMER PERMISSION SLIP**

I have requested the Berwick Boys Foundation (Berwick) to allow my son \_\_\_\_\_ (a minor) to participate in the summer program in Maine between approximately July 1st and August 14th, 2011 (August 20<sup>th</sup> for clean-up crews). As a condition of receiving this benefit, I the undersigned, do hereby agree to the following:

I, the parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the Berwick program. I have familiarized myself with the Berwick program as described in the brochure, parent's handbook, and other program materials. I acknowledge that hazards and dangers are inherent in the Berwick program from both known and unknown risks. I represent that the minor is physically able and mentally prepared to participate in all activities of the Berwick program. I hereby, knowingly, assume full responsibility for any and all risks from such hazards and dangers. I hereby release, waive, discharge and covenant not to sue Berwick for any and all loss or damage on account of injury to my son or his property arising out of or related in any way to his participation in the Berwick program whether caused by the negligence of Berwick, its officers, directors, agents or employees or otherwise. I fully understand that the relationship between us and the Berwick Boys Foundation will be governed by the laws of the state of Massachusetts and any suit, mediation or arbitration of any dispute with Berwick Boys Foundation must be filed exclusively in the state of Massachusetts.

In addition, I hereby release, waive, discharge and covenant not to sue Berwick for any and all loss or damage on account of injury to myself or my property arising out of or related in any way to my participation in the Berwick program in any capacity including but not limited to being a coach, instructor, aide and/or spectator, whether caused by the negligence of Berwick, its officers, directors, agents or employees or otherwise. I fully understand that the relationship between us and the Berwick Boys Foundation will be governed by the laws of the state of Massachusetts and any suit, mediation or arbitration of any dispute with Berwick Boys Foundation must be filed exclusively in the state of Massachusetts. I hereby, knowingly, assume full responsibility for any and all risks from my participation in the Berwick program.

I give my permission to Berwick to use my and/or my son's picture or other likeness of any of my children in any of Berwick's general publicity and campaign materials without compensation to me or my children.

I further certify that my son has earned the \$50.00 contribution he is making to the Berwick Boys Foundation and that no part of it is a gift to him.

I agree that the illegal use of drugs and alcohol by my son or his unreported knowledge of illegal use of drugs and alcohol by others in the Berwick program may be punishable by immediate expulsion from the Berwick program. Participants in the Berwick program are expected to be positive, motivated and cooperative. Berwick reserves the right to terminate the participation of

any boy who becomes a hazard to the safety of others, refuses to cooperate, becomes a disciplinary problem, or does not abide by Berwick's rules and regulations.

I have read and understand the payment and refund policy and will abide by it. I agree that there will be no refund of the camp fee if my son leaves camp early for any reason.

I agree to provide to Berwick prior to the beginning of the camp season a current, complete and accurate Health History for my son, including immunization history and overall health status.

**Permission To Treat**

I hereby give permission to the medical personnel selected by the camp director or his designee to communicate with the medical staff and director of the camp, or designees, about my son's medical condition, treatment and/or prognosis, and to provide routine health care, to administer medications, to order X-rays or routine tests, treat minor illnesses or to release any records necessary for insurance purposes, and to provide or arrange necessary transportation related to medical treatment for my son.

I further authorize the camp medical staff to discuss any medical conditions with the director, his designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

In the event I cannot be reached in an emergency, I hereby give permission to the Berwick Boys Foundation to secure appropriate medical, surgical and dental care including hospitalization, administration of anesthesia; or other procedures. I also understand that I will be responsible for the medical costs incurred for the treatment of my son.

*This completed form may be photocopied for trips out of camp.*

Signature \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_

Please provide us with information about another person to call in case you cannot be reached in an emergency:

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*\*\* Please write any restrictions below \*\*\*\*\*

\*\*\*\*\* Please write **Medication** Instructions below \*\*\*\*\*

*(The Parent must give all medications to the Camp Director prior to departure. Your son should not carry his medication)*