

## Health and Safety

We (I), as parents or legal guardians of (please print child's name) \_\_\_\_\_, give permission for this camper to participate in all related programs or events associated with Saint Matthew Summer Programs. In consideration for our (my) child's participation, we (I) and our child, agree and understand that we (I) assume the risks involved with Summer Programs, and with full knowledge of the risks, agree to release and hold harmless the Summer Program, Saint Matthew, and the Archdiocese of Philadelphia, their employees and representatives, from claims arising or relating to my child's participation. Our (my) child understands and agrees to abide by all the rules and regulations established by the Summer Program. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of our (my) child's participation.

I grant Saint Matthew School permission to use photographs and/or videos of my child participating in Summer Programs for promotional and educational purposes.

Parent Signature: \_\_\_\_\_

Insurance: \_\_\_\_\_

Group Number: \_\_\_\_\_

I.D. Number \_\_\_\_\_

Please complete and return the Child Health Report if your child is not a student at Saint Matthew School.