

**SHOWCHOIR CAMPS OF AMERICA, INC.**  
**Official Health/Authorization Form- Counselors**

**Name:** (type or print) \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Phone Numbers:**

**Cell:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ **Alt:** (\_\_\_\_) \_\_\_\_\_

**Alternate Contact Person**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Group ID** \_\_\_\_\_

**Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

The above named has my permission to participate in the Showchoir Camps of America at Heidelberg University in Tiffin, OH, July 6-13, 2024.

The health of \_\_\_\_\_, counselor, is normal as far as I know, and the person herein described has permission to engage in all prescribed activities, except if stated. The counselor:

Is currently taking the following medications: \_\_\_\_\_

Allergies to food or medications: \_\_\_\_\_

Special medical problems we should be aware of: \_\_\_\_\_

Only in the event that I cannot consent in an emergency, and if necessary, I hereby give permission to a licensed physician to hospitalize, secure proper treatment for, and to order x-rays, injection, anesthesia, or surgery. I am responsible (personally or through insurance) for any medical expenses.

I acknowledge and will assume the inherent risks with any camp activity including exposure to COVID -19. I understand that Showchoir Camps of America, Inc. its staff, counselors or participants are not to be held responsible or liable for any injuries, accidents, illness or losses (including death) that I might incur, however caused in connection with this event and agree to release the proprietors from all claims, damages, lawsuits or expenses. I further understand that I will abide by all of the rules of the camp, including those pertaining to housing, university property and the curfew requirements. I understand that I will be asked to leave camp at my expense, for misconduct, inappropriate behavior, or possession of alcohol or illegal drugs. I understand that this information will be shared with camp staff on a need to know basis.

I understand that Showchoir Camps of America, Inc. shall have the right without obtaining approval, to display, use, sell, or advertise any photograph, film or video taken of my child in connection with this event. I understand that Showchoir Camps of America, Inc. is not responsible for lost or stolen property. Showchoir Camps of America, Inc. will uphold the highest standard of safety so the camp experience will be a positive and rewarding one.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

We need this form **SIGNED**. Please bring original to camp with you in order to participate. Thank You!