



Camp Trinity Waiver and Emergency Medical Release

This form serves as a waiver and release for all Camp Trinity participants, regardless of program. Participants will not be allowed to attend any program hosted by Camp Trinity until the following information is submitted and the form is signed by the parent or guardian of the participant(s).

Camper Information:

Address: _____ City: _____ State: _____ Zip: _____

Participant 1, Name: _____ Birth Date (Age): _____

Participant Allergies? Yes: _____ No: _____ If yes, please describe:

Will the Participant require medication while attending a Camp Trinity Program? Yes ___ No ___
If yes, please fill out the accompanying Medication Form in its entirety.

Please list any other conditions or information Camp Trinity should be aware of in order to best serve your child (special circumstances):

Participant 2, Name: _____ Birth Date (Age): _____

Participant Allergies? Yes: _____ No: _____ If yes, please describe:

Will the Participant require medication while attending a Camp Trinity Program? Yes ___ No ___
If yes, please fill out the accompanying Medication Form in its entirety.

Please list any other conditions or information Camp Trinity should be aware of in order to best serve your child (special circumstances):

Participant 3, Name: _____ Birth Date (Age): _____

Participant Allergies? Yes: _____ No: _____ If yes, please describe:

Will the Participant require medication while attending a Camp Trinity Program? Yes ___ No ___
If yes, please fill out the accompanying Medication Form in its entirety.



Please list any other conditions or information Camp Trinity should be aware of in order to best serve your child (special circumstances):

Parent/Guardian Information: Contact 1 will be contacted first as needs arise

Contact 1 Name: _____ Phone: _____

Email: _____ Relationship to Participant: _____

Contact 2 Name: _____ Phone: _____

Email: _____ Relationship to Participant: _____

Insurance Information: Please note that each participant MUST have their own medical coverage. Trinity Academy provides only excess coverage after your insurance policy has been utilized.

Medical Insurance Company: _____ Phone: _____

Policy Holder Name: _____ Policy Number: _____

Authorized Pick-Up Information: Additional pick-ups may be authorized via email after form submission

#1 Name: _____ Phone: _____

Relationship to Participant/Additional Information: _____

#2 Name: _____ Phone: _____

Relationship to Participant/Additional Information: _____



Trinity Academy of Raleigh Liability Release and Acknowledgement

Participant in a Trinity Academy of Raleigh program involves the risk of injury including, but not limited to, collision with other participants, being hit by a ball, falling onto the floor or into a wall, scratches, bruises, sprained and broken ankles, and other bodily injury. By submitting this registration for my child's participant in a Camp Trinity program, I acknowledge that I am requesting that my child have the opportunity to participate in this program and that I, on behalf of myself, my child, heirs, assigns, executors, and administrators (a) acknowledge all risks of injury and death associated with participation in a Trinity Academy of Raleigh program, (b) assume responsibility should injury and death result from these risks, (c) waive any legal rights we may have to seek payment of any kind from Trinity Academy of Raleigh programs, and the owners, operators, administrators, employees, and agents of the facility at which this Trinity Academy of Raleigh program is being held for bodily injury or death resulting from participation in this Trinity Academy of Raleigh program, and to release these parties from any liability for damages resulting from injuries and death, (d) acknowledge that no additional insurance coverage is provided by Trinity Academy of Raleigh and the owners, operators, administrators, employees and agents of the facility where this Trinity Academy of Raleigh program is being held, (e) agree to follow all the rules and procedures of the program and reasonable instructions of the administrators and employees of Trinity Academy of Raleigh.

Program Policies

Please read each of the following policies and sign below to indicate your understanding of these policies. Policies are subject to all applicable laws.

Waivers and Permissions:

1. **Participation** - I permit my child to participate in activities Camp Trinity conducts outside the fenced-in play areas at Camp Trinity's facilities.
2. **Photography / Audio** – I give Camp Trinity and its employees and agents permission to use for any lawful purpose my and/or my child's likeness, image, voice, and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that Camp Trinity will not publish my child's name. I agree that Camp Trinity has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium not known or later developed, including but not limited to the internet, television, radio, newspapers, magazines, social media sites, and/or Camp Trinity audio, print, or internet publications. I also agree that Camp Trinity has permission to release such pictures, etc., to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of Camp Trinity's control.
3. **Babysitting** – Camp Trinity strives to employ the very best staff possible in all of our programs. During staff time off or after they are no longer employed with Camp Trinity, these persons are private citizens and are no longer subject to our employment rules and procedures. Camp Trinity cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of Camp Trinity is separate and independent from and Camp Trinity program and must be based on the independent investigation, responsibility and judgement of the parent or guardian. I agree that Camp Trinity shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.



4. **Indemnity** – I understand that Camp Trinity activities have inherent risks, and I hereby assume all risks and hazards incident to my participant/my child's participation in all Camp Trinity activities, and recreation activities provided by third party vendors. I further waive, release, absolve, indemnify, and agree to hold harmless Camp Trinity and its employees, organizers, volunteers, vendors, supervisors, officers, directors, participants, coaches, and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages, and costs for any physical injury or damage to my personal property sustained during my use of Camp Trinity property and/or my participation/my child's participation in any Camp Trinity activities.
5. **Lost/Stolen Items** – I understand that Camp Trinity is not responsible for any personal items lost or stolen at their programs.
6. **Inclement Weather** – I understand that programs are not available when school is closed due to inclement weather. I understand that some program offerings may be altered due to inclement weather and agree that a partial/full refund is not guaranteed in this case.

Payment:

1. **Outstanding Balances** - I understand the policies concerning payment, cancellation, and refunds. I may not register my child for a new program until outstanding balances due on past programs of Camp Trinity are paid.
2. **Insufficient Funds** – If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account and registrations up to date. I understand that I will be charged \$35.00 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from Camp Trinity. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in Camp Trinity programs.
3. **Cancellations** – Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.
4. **Refunds** – I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when Camp Trinity programs are cancelled or altered due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that Camp Trinity reserves the right to apply any credit due to other outstanding balances. I understand that suspension or expulsion of myself/my child from a Camp Trinity program due to inappropriate or prohibited behavior will not entitle me to a refund. I will refer to the relevant policy and procedure information for details on specific program refund policies.

Medical Treatment Policies:

1. **Accident Insurance** – Participants are responsible for their own accident insurance when using Camp Trinity facilities and when participating in Camp Trinity programs.
2. **Medication** – Camp Trinity does not normally administer medications and will do so only when directed in writing by the child's parent or guardian. Medications must be in the original containers with written instructions for dispensation. Medications are not allowed to be sent with the child. A parent or guardian must give the medication to a Camp Trinity employee. The staff of Camp Trinity will not administer shots or medications that have to be inserted into body cavities, with the exception of EpiPen or AuviQ injections. When special circumstances exist, personnel from Camp Trinity will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable way to make sure the medication requirements of the child are met.



3. **Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of Camp Trinity, if a child is exposed to a bodily fluid on broken skin or mucus membrane (e.g., splashing in the mouth or eyes) from another child, Camp Trinity will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or bodily fluid exposure from a child, Camp Trinity will provide the name and telephone number of the child's attending physician to the staff member. I have read and agree with the statement and specifically authorize Camp Trinity to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to bodily fluid or to any staff member who experiences such an exposure from my child.
4. **Lice** – I understand that, while my child is in the care of Camp Trinity, if a child is exposed to active lice from another child, Camp Trinity will contact the parents of both children. They will explain what has occurred, not using any identifying information, and the child with the active lice will be asked to leave the program for the day and not return until all active lice are removed and they are underway with a lice removal treatment. If an entire group of participants has been exposed to active lice, Camp Trinity will contact the parents of each exposed participant and explain the situation. I have read and agree with the statement and specifically authorize Camp Trinity to contact any child who is exposed to active lice or any staff member who experiences such an exposure from my child. I understand and agree that in the case of active lice, my child will be asked to leave the program for the day and will be unable to return until all active lice are removed and they have begun a lice treatment. I understand that refunds will not be remitted for any absences due to active lice.
5. **Fever/Illness** – I understand that, while my child is in the care of Camp Trinity, if they have a fever over 100.4°F they will be asked to leave the program for the day and not return until they have been fever free for at least 24 hours without medical intervention, regardless of the resulting diagnosis. I understand and agree that in the case of fever, my child will be asked to leave the program for the day and will be unable to return until they are fever free for 24 hours without medical intervention. I understand that refunds will not be remitted for any absences due to illness.
6. **Emergencies** – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, Camp Trinity will contact emergency medical personnel and, pending their arrival, take those actions that are in Camp Trinity's judgement to be in the best interests of the child.

Behavior Expectations and Discipline Policies

It is important that staff maintain good order and discipline in all programs. Top objectives in all Camp Trinity programs are safety, supervision and a positive, Gospel-centered atmosphere that promotes learning, adventure, and the development of essential life skills. Camp Trinity makes every effort to help children understand clear definitions of acceptable and unacceptable behavior. Camp Trinity does not condone and will not permit the following:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

As such, participants in Camp Trinity programs are expected to behave in a manner consistent with the following:

1. Use appropriate language at all times
2. Cooperate with staff and follow directions
3. Respect other children and staff, equipment and facilities, and themselves
4. Maintain a positive attitude
5. Stay in program areas – running away is strictly prohibited
6. Participate successfully within the Camp Trinity staff-child ratios specific to each program

If a child is unable to comply with the behavior expectations, the parent will be notified via a parent letter sent home with the child. Under normal circumstances, up to three letters may be sent before more permanent discipline procedures are enacted, including potential suspension and expulsion.



1. If after the above letter or repeated letters are sent the child is still unable to comply with the behavior expectations, the After School Coordinator will take action appropriate to the severity and recurrence of the misbehavior. Such actions could include but are not limited to:
 - a. Instillation of a behavior contract established and signed by both the Parent and Coordinator
 - b. Requesting an in-person Parent Conference
 - c. Suspension from the program
 - d. Expulsion from the program

Behaviors which may result in immediate suspension or expulsion from Camp Trinity programs may include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children, or staff including but not limited to abusive jokes, insults, slurs, threats, name calling, bullying, or intimidation
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism, destruction, or theft of Camp Trinity property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol
7. Possession of or use of controlled substances unless under the prescription of a doctor
8. Running away
9. Biting

Special Circumstances

Parents or guardians are required to inform Camp Trinity in writing prior to a child's acceptance in a Camp Trinity program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the Director may require a conference with the parent(s)/guardian to discuss potential or present issues created by these circumstances. I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to Camp Trinity of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform Camp Trinity of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to Camp Trinity's evaluation of the child's/ward's ability to participate and Camp Trinity's consideration of any requested accommodation.

Statement of Acknowledgement and Agreement

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. I understand that Camp Trinity has the authority to revoke my child's right to participate in Camp Trinity programs for behavior which is not in keeping with the mission of Camp Trinity or for failing to follow the policies/procedures of Camp Trinity. My signature below indicates that I agree to all policies, procedures and the mission of Camp Trinity.

Please sign, indicating you have read and understand all of the above policies, procedures and expectations:

Print Name: _____ **Camper Name:** _____

Signature of Parent/Guardian: _____ **Date:** _____