

**Be The Best You Girls Camp 2009**  
**Medical Release and Photo Consent**

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for youth who become ill or injured while attending "Be The Best You" Girls Camp (BBY) when parents/guardians cannot be reached. **PLEASE COMPLETE ALL INFORMATION, SIGN AND RETURN WITH COPY OF INSURANCE CARD NO LATER THAN June 29, 2009.** Mail to our office: 10 Badger Ct., Novato, CA 94949.

**Participant name:** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age as of July 13, 2009 \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Health/Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical History**

List any current medical, physical or emotional problems and explain. (Write none if none):

\_\_\_\_\_  
List any known food, drug or other allergies

List medications being used at this time:

\_\_\_\_\_

**Medical Treatment Consent**

I, \_\_\_\_\_, parent and or/legal guardian of \_\_\_\_\_ approve of my daughter's attendance at the *Be The Best You Camp* (BBY) and give my permission for any/all emergency treatment deemed necessary by a licensed practitioner for my child if I am unavailable. I understand this authorization does not cover major surgery unless the medical opinions of one other physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of surgery. I agree to be responsible for any expenses incurred for such treatment. BBY insurance does not cover illness (such as cold symptoms, stomach aches, etc.) or pre-existing conditions. Participants and their parents will be responsible for any costs associated with treatment in event of an emergency. This consent is valid from July 13 to July 18, 2009

Each participant is included in a BBY limited coverage (\$2,500 maximum benefit) accident insurance policy while they are under the Immediate approved direction and supervision of BBY. I understand that if my daughter leaves the required supervision of her counselor and/or staff without permission or leaves campus after hours or without permission, she will not be not covered by the BBY insurance.

I understand that participants will be sent home if any drugs, alcohol, or cigarettes are found in their possession or use during the week. "Be The Best You" Camp reserves the right to ensure the safety and well being of all participants and will dismiss a participant for misconduct or unsociable behavior as determined by the Directors. Fighting, stealing, shoplifting, possessing any harmful weapons, leaving campus unsupervised, leaving the dorms after curfew, and deliberately damaging university or program property are grounds for being sent home early. Anyone being sent home will be responsible for all transportation costs and registration fees will not be refunded.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release Consent:**

Activities, events and participants at BBY are photographed or videotaped during the week. I authorize BBY to make my daughter's photograph available to other participants as well as in its brochure, advertisements or other promotional materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

