



CAMP BOLIVAR 2021 APPLICATION

Camp eligibility: Campers must be entering the 6th, 7th, or 8th grade at Bolivar Middle School in the 2021-2022 school year.

Camp Date: July 20-23, 2021 (Tuesday – Friday)

****Parents are responsible for transportation to and from camp each day. Camp begins promptly at 9:00 AM at the Bolivar Municipal Center. Camp ends daily promptly at 4:00 PM.****

PLEASE PRINT LEGIBLY

Student Name: _____

Parent/Legal Guardian Name: _____

Address: _____

Parent Phone: _____ **Parent Email:** _____

Child's T-Shirt Size: _____

Does your child have any known allergies or medical conditions that we need to be aware of? **YES** **NO**

If yes, please explain in detail _____

Students: Please write a 25-50 word paragraph about why you want to attend Camp Bolivar.

Permission to Photograph

Campers may be photographed while participating in all camp events. These images may be published on the City of Bolivar website, in the city newsletter, on the city's social media sites, or in promotional flyers and/or videos. Camper names will not be attached to any photograph published on these sites. By signing below, you understand and give your permission for your child to be photographed and for your child's photograph to be used as expressed above.

Parent Signature/Date

Release of Liability

Parent/Legal Guardian Certification

I certify that I am the parent or legal guardian of _____. I, hereby, give the student named above permission to attend the summer camp known as Camp Bolivar. I hereby release from all liability the City of Bolivar, the Hardeman County Board of Education, and their officers, directors, employees, and agents (together, the "Releasees") for any and all actions, claims, demands, losses or damages as a result of injury to my child's person or property, including his/her death, whether caused by the negligence or other acts or omissions of those released hereunder or otherwise in any way resulting either directly or indirectly from my child/ward's participating in this summer camp or using any City of Bolivar facilities or equipment. I consent to emergency transportation and treatment necessary in the event of my child's injury or illness. I also accept responsibility for the payment of any emergency transportation, treatment and subsequent medical bills. I further agree to indemnify, defend and hold harmless the Releasees from all liability, actions, causes of action, claims, demands, losses, damages, expenses and attorney fees, including attorneys' fees to establish the Releasees' right to indemnity or those attorneys' fees incurred on appeal, resulting from my child's involvement in summer camp or using any City of Bolivar facilities or equipment in connection with such activity.

My signature below indicates that _____ is covered by medical insurance. As such, should injury occur, it will be my responsibility to notify my insurer and/or pay for any treatment, transportation costs and medical bills incurred by my child as a result of injury.

Parent/Legal Guardian Name(Please Print)

Parent/Legal Guardian Signature

Date