

#5

YMCA CAMP LAKEWOOD HEALTH INSURANCE RELEASE FORM

I, the undersigned parent or guardian, understand that YMCA Camp Lakewood does NOT carry Health or Medical Insurance coverage for group participants.

I understand that I am responsible for payment of any and all expenses incurred for medical treatment of the student named below. YMCA Camp Lakewood is NOT responsible for payment of any medical expenses incurred during participation in the Outdoor Education program, including expenses related to emergency transportation.

Name of School: _____

Name of Student: _____

Printed Name of Parent/Guardian: _____

Address of Participant: _____

Signature of Parent/Guardian: _____

Date: _____

Note to Group Leader: Please return completed form to Camp Lakewood Outdoor Education office upon arrival.