



## Medical/Emergency and Release of Liability Form

### THIS FORM IS TO BE COMPLETED BY ALL CAMPERS

Camper Full Name: \_\_\_\_\_

Camps Enrolled: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED TO ROSATI-KAIN PRIOR TO THE FIRST DAY OF CAMP. FORMS MAY BE MAILED TO RK SUMMER CAMPS AT 4389 LINDELL, ST. LOUIS, MO 63108 OR SCANNED AND EMAILED TO [RKSUMMERCAMPS@ROSATI-KAIN.ORG](mailto:RKSUMMERCAMPS@ROSATI-KAIN.ORG). ADDITIONAL FORMS MAY FOUND ONLINE.**

My family and I hereby waive and release Rosati-Kain High School, the Archdiocese of St. Louis, Springboard and their representatives from claims of damages and/or injuries while participating or as a spectator at a Rosati-Kain Kougar Camp. I understand the refund policy. My camper agrees to abide by the rules and regulations of camp and shall act in an appropriate and responsible way while attending a Kougar Camp. Registration is invalid without signature.

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PARENT OR GUARDIAN OF CAMPER

DATE

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SIGNATURE OF CAMPER

DATE

I also agree, as a parent of a Kougar Camp participant, to grant permission to Rosati-Kain High School and Springboard to use my child's name, photograph, video or recording for promotional purposes without obligation or liability to me or my family.

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NAME OF PERSON REGISTERING CAMPER

DATE

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SIGNATURE OF CAMPER

DATE