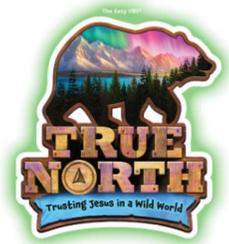




2025 Summer Camp True North: *Trusting Jesus in a Wild World*



Registration/Permission/Waiver Release Form

Complete one form for each child participating in the Summer Camp.

Monday, July 14 to Friday, July 18, 2025 Time: 9:00 am to 4:00 pm

For Children Pre-K 3 to 3rd grade Completed by May 2025

\$200 for one child \$375 for two

Email or Return completed form before June 23, 2025

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email address(es) _____

LIABILITY RELEASE: In consideration of THE FRANCISCAN CENTER TAMPA allowing the above child(ren) to participate in SUMMER CAMP TRUE NORTH activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless THE FRANCISCAN CENTER TAMPA, its directors, employees, volunteers, and agents (collectively herein the "CENTER") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in **SUMMER CAMP TRUE NORTH**. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), for transportation to and from the SUMMER CAMP location to the **Tampa Bay History Center field trip**, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless THE FRANCISCAN CENTER TAMPA, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the afore mentioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I DO / DO NOT (*circle one*) give my consent to THE FRANCISCAN CENTER TAMPA to use photo or video images taken of my child(ren) in Center brochures, advertisements for the Center, on the website, in social media, and in other Center publications as they see fit. I agree to hold harmless THE FRANCISCAN CENTER TAMPA from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at THE FRANCISCAN CENTER TAMPA's Summer Camp. ****None of the photos will be for personal use.****

ON-CAMPUS ACTIVITIES & FIELD TRIP PERMISSION:

I hereby give permission for my child(ren) to participate in Summer Camp activities at THE FRANCISCAN CENTER TAMPA and a one-day field trip to **Tampa Bay History Center** the week of July 14, 2025 – July 18, 2025 from 9 am to 4 pm.

Parent/Guardian Signature _____ Date _____

Please turn page over and complete information on page 2

*All information will remain confidential to Franciscan Center staff.
Please PRINT CLEARLY*

Child's Name _____ Medical Insurance YES ___ NO ___

Insurance Company _____ Policy/Group ID# _____

Food Allergies, Medications, and/or Medical Conditions _____

T-SHIRT SIZE _____

Activity restrictions _____

Parent/Guardian phone number(s) _____

Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:

Name _____

Phone _____

People authorized to pick up my child _____

Please return all completed Registration/Permission/Waiver form before June 23, 2025, to:

**THE FRANCISCAN CENTER TAMPA
3010 North Perry Avenue
Tampa, FL 33603**

**Or email completed form to Lily Hughson at:
lily@franciscancentertampa.org**

**Pay by check to the order of: The Franciscan Center Tampa
Pay with credit card at our website, or in person**

*Fee includes one-day field trip to the Tampa Bay History Center and bus transportation from the
Franciscan Center to and from the Tampa Bay History Center.*

Bring your own lunch

Midmorning & afternoon snacks will be provided

For more information contact Lily at (813) 229-2695 Ext. 102