

McCallie Father/Son Weekend Release Form

Father's Name: _____

Son's Name: _____

Home Number (____) _____

Cell Number (____) _____

Cell Number (____) _____

Allergies or Health concerns:

Father: _____

Son: _____

Registration Terms and Conditions Participation:

By submitting any McCallie Summer Programs Online Registration form, I give my permission for my child/ward/myself to participate in activities of the McCallie Summer Programs. In the event of injury, I agree that McCallie School and its agent(s) may consent to any appropriate medical treatment for my child/ward/myself, should my consent not be reasonably obtained. This consent shall be in effect for the duration of the program. I understand that the insurance coverage by McCallie School is a secondary coverage.

Further, I agree to hold harmless McCallie School, its agent(s) and employees against any loss or damage for any injury, illness or other condition arising out of my child's/my own participation in McCallie's Summer Programs

Marketing: In addition, I give my permission for photographs of my child/ward/myself taken during McCallie's Summer Programs to be used by McCallie for marketing purposes. The submission of the registration also certifies that the applicant is of good character and agrees to abide by the regulations of the camp and to uphold the McCallie traditions of "Honor, Truth, Duty." The McCallie School fully supports all anti-discrimination laws and does not engage in any unlawful discrimination.

Father's Signature: _____

Date: _____

Please make a copy of your insurance card, front and back, and include it with this form.