

HAPPINESS IS CAMPING FOR CHILDREN WITH CANCER
INSURANCE INFORMATION

Please provide Happiness Is Camping with the following:

- 1) For Private Insurance: **A Copy of your current certificate i.e. Blue Cross, Blue Shield, HIP Card, Union Insurance etc.**

Insurance Company Name _____

Address _____
Street Number City State Zip

Phone ____ / ____ - ____ Policy # _____ Certificate # _____

Insurance Holder's Name _____

Holder's Social Security # _____

- 2) For Medicaid coverage: **A Copy of Current Medicaid Card – front and back.**

MEDICAID # _____ Expiration Date _____

Holder's Name _____ Holder's Social Security # _____

RELEASE/CONSENT

Must be signed by parent or legal guardian

Full permission and authority is granted to Happiness is Camping Inc. and its representatives, to photograph or video the applicant and to use, publish, and release for publication such as photos video relating to the program of Happiness is Camping Inc, The name of such person photographed may be used in connection with the above, with the understanding that there will be no exploitation of the applicant and that any photographs used should conform to standards of good taste.

I hereby release and discharge Happiness is Camping Inc., New York, Happiness Is Camping New Jersey and its' Board of Directors, Camp Gramercy and its Trustees, and any and all other parties in interests, from all claims, demands, grievances, and causes of action of every kind whatsoever, including but not limited to, all liability for damages of every kind, nature, or description which may arise from or out of any injury incurred by my child/ward while in attendance at the camp or enroute to or from the camp.

I hereby give permission to the camp to provide routine health care, administer over the counter, prescribed medication, and seek emergency medical treatment including ordering x- rays or routine test(s). I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child/ward.

I also understand that my child will be given opportunities to try new adventure activities. I understand that the camp will provide trained certified personnel for all such activities. (Examples not limited to: swimming, boating, sailing, ropes course, climbing tower, the zip line, rocketry and archery)

Signature Parent/Guardian Name _____

Printed Name _____ Date _____

Camper Name _____ Relationship to Camper _____

Sibling's Name's _____