

Allergy Alert:

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**Warwick River Christian  
Summer Camp 2026**

252 Lucas Creek Road, Newport News VA 23602,  
757- 877-2941 Fax 757 877-6510  
wrclc@warwickriver.org

**Registration Form for Currently Registered Children**

Grade Completed in June: \_\_\_\_\_

Child's full name (first, middle, last): \_\_\_\_\_

Preferred name/nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name(s) of sibling(s) registered with WRC for camp or child care:

\_\_\_\_\_ Full-time Summer Camp/anticipated drop off and pick up time: \_\_\_\_\_

\_\_\_\_\_ Part-time Summer Camp- please specify dates/days and times for part time and vacations:

Please use this area to provide information about vacations or if attending part-time what your campers  
schedule will look like. Please be as accurate possible.

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**PARENT/GUARDIAN INFORMATION:**

Please list the legal parents or guardians who have responsibility for the child.

**Father**

**Mother**

Full name: \_\_\_\_\_ Full name: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City /State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**EMERGENCY CONTACTS: In case the parents/guardians are not available,**

**Name:**

**Relationship to Student:**

**Day Phone:**

A. \_\_\_\_\_

B. \_\_\_\_\_

**Authorization for person(s) to pick up your child:**

\_\_\_\_\_

\_\_\_\_\_

**Person(s) NOT authorized to pick up your child:**

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**MEDICAL INFORMATION:**

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff.

A. Child's allergies (including foods), medical history, medications, and any physical or emotional impairments which our staff members should be made aware of:

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B. If your child becomes ill or injured, and we cannot reach you, may we proceed with first aid and emergency medical care for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

C. Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**AGREEMENTS:**

1. Authorization is given for my child to participate in field trips. Yes \_\_\_ No \_\_\_
2. Permission is hereby granted for WRC to use my child's name and photo in publications, publicity pieces such as Facebook and other social media platforms, and on our website unless noted below. Yes \_\_\_ No \_\_\_
3. Parent/guardian is responsible for paying their WRC account balance weekly in accordance with our policy.

Comments/notes: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Summer Camp Inflatable Water Slide Activity Waiver & Release Form

### **Activity Description:**

As part of our 2026 Summer Camp Program (June 15 - August 19, 2026), Warwick River Christian will provide access to a supervised inflatable water slide on designated camp days. All necessary safety precautions will be taken to ensure your child's safety.

### **Assumption of Risk and Release of Liability:**

I, the undersigned parent or legal guardian of the above-named child, hereby acknowledge and agree that participation in the inflatable water slide activity involves inherent risks, including but not limited to slips, falls, collisions, water-related injuries, and potential injury due to equipment malfunction or misuse.

I voluntarily assume full responsibility for any risks of loss, personal injury, or property damage that may be sustained by my child as a result of participation in this activity.

I hereby release, waive, discharge, and covenant not to sue Warwick River Christian School, its staff, volunteers, administrators, affiliates, and insurers ("the Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child while participating in this activity.

### **Acknowledgment:**

I certify that I have read this waiver and fully understand its contents. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

Camper's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_