

ACTIVITY/HEALTH RELEASE FORM FOR YOUTH CAMPS/EVENTS

EVENT:

EVENT DATE & PLACE:

Camper Name _____ Birthdate _____ Grade Completed _____ Male / Female

Address _____ City/State/Zip _____

Home Phone _____ E-Mail _____

Name of Parents/Custodial Parent/Legal Guardian _____

Work Phone _____ E-Mail _____

Additional Parent/Legal Guardian/Next of Kin _____

Home Phone _____ Work Phone _____ E-Mail _____

Person(s) authorized to pick up your child from camp _____

Religious Affiliation _____ Home Congregation _____

I have been baptized into the Community of Christ within the last year: date: _____

Check here if you are bringing a friend Friend's name _____

Roommate Preference _____

Emergency Notification

Name _____ Relationship _____ Phone _____

Address _____ City/State/Zip _____

Name _____ Relationship _____ Phone _____

Address _____ City/State/Zip _____

MEDICAL AND HEALTH INFORMATION

(We will have a medical professional on staff who will administer all medication.)

Allergy to foods, medications (if none, so state) _____ Describe _____

Is applicant currently under a physician's care for any acute or chronic medical condition? _____

Describe condition _____

Does applicant carry *non-prescription* medication? _____ Medication(s) & purpose: _____

Does applicant require *prescription* medications? _____ Medication(s) & purpose: _____

Physician _____ Phone _____

City _____ Hospital/Clinic of Choice (if applicable) _____

Health Insurance Provider _____ Phone _____

Policy Holders Name _____ Group # _____

Policy # _____ Other Information _____

Attach a copy of both sides of your insurance card. Campground only carries secondary insurance.

Has applicant ever had any of the following (please check if yes, and provide month/year of latest occurrence)?

- Anemia _____
 - Epilepsy _____
 - Hepatitis _____
 - Rheumatic Fever _____
 - Appendicitis _____
 - Frequent colds _____
 - Kidney Trouble _____
 - Scarlet Fever _____
 - Asthma _____
 - Fractures (describe) _____
 - Sinusitis _____
 - Bronchitis _____
 - Heart Trouble _____
 - Measles _____
 - Sore Throats _____
 - Chicken pox _____
 - Heart Murmur _____
 - Mumps _____
 - Tuberculosis _____
 - Diabetes _____
 - HIV _____
 - Pneumonia _____
 - Whooping Cough _____
- Other _____

List applicant's major operations or serious injuries (describe and give dates) _____

List applicant's immunization dates for the following (or attach copy of health card):

- DPT Booster _____ Diphtheria Booster _____ Tetanus _____ Smallpox _____
- Typhoid _____ Tuberculin _____ Measles _____ Mumps _____
- Polio Vaccine _____ Other _____

What contagious disease(s) has the applicant been exposed to recently? _____

Check any of the following conditions that apply to the applicant:

- vision problems
- hearing problems
- hernia
- fainting
- diarrhea
- constipation
- sleep walking
- bed wetting
- recent emotional upset; i.e., death of a loved one, divorce of parents, other (please explain):

Describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at camp: _____

Permission for Medical Treatment: I, the undersigned parent, legal guardian, next-of-kin, or applicant, hereby authorizes any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other).

Parent/Guardian/Applicant* Signature _____ Date _____

Over-the-counter Medications: I, the undersigned, hereby give permission for the camp to administer the following over-the-counter medications if the camp medical professional deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise: Tylenol, Ibuprofen, Imodium AD, Pepto Bismol, Calamine Lotion or Cortaid, Benadryl.

Parent/Guardian/Applicant* Signature _____ Date _____

Photo Release: In consideration of the right of the applicant to participate in this activity, I hereby give consent to authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to any said photographs or videotapes.

Parent/Guardian/Applicant* Signature _____ Date _____

Activity Consent: I specifically consent to my applicant's participation in activities offered by this camp, including but not limited to camping, boating, canoeing, swimming, hiking, and sporting events. I have marked through any items from the preceding list to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in any of the approved activities (i.e., if boating, the applicant can swim). I specifically do NOT want my applicant to participate in the following activities: _____

Parent/Guardian/Applicant* Signature _____ Date _____

Liability Release: The undersigned parent, legal guardian, next-of-kin, or applicant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Sierra Pacific Mission Center, Community of Christ, for participation in this event, we (I), being 21 (twenty-one) year of age or older, do for ourselves (myself) and on behalf of my child-participant, if child is not 21 years of age or older, hereby release, forever discharge, and agree to hold harmless the aforementioned camp and Community of Christ, and the directors thereof from any and all liability, claims, or demands for 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 child-participant that occur while said child is participating in this event. Furthermore, we (I), and on behalf of our child-participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred by participant thereto. **Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign. *Only applicant can sign if 21 (twenty-one) years of age or older.**

Parent/Guardian/Applicant* Signature _____ Date _____

Parent/Guardian/Applicant* Signature _____ Date _____