

**ACTIVITY/HEALTH RELEASE FORM FOR YOUTH CAMPS/EVENTS**

**Youth Ministries Workshop @ Happy Valley**

**Friday, April 22<sup>nd</sup> – Sunday, April 24<sup>th</sup>**

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 \_\_\_\_\_