

COLLATERAL

EVENT DATES
JULY 5-9, 2010 & JULY 19-23, 2010

OH / KY REGION
SR & JR HIGH CAMPS

Acts 16:26

CHURCH INFORMATION

Church: _____

Senior Pastor: _____

Church Phone: _____

CAMPER INFORMATION

SENIOR HIGH

JUNIOR HIGH

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Gender: M F

Age: _____ Grade: _____

Email: _____

PARENT / GUARDIAN INFORMATION

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Person #1: _____

Emergency Number #1: _____

Emergency Contact Person #2: _____

Emergency Number #2: _____

++ MEDICATIONS ++

PLEASE NOTE: All medications must come in a plastic zip lock bag with campers name and youth leaders name printed on the front in permanent marker along with the emergency contact name and phone number. Inside the bag should be the schedule or circumstances under which medication should be administered.

CAMPER'S MEDICAL HISTORY (To Be Completed by Parent or Guardian)

Health Insurance Co: _____

(NOTE: Camp Insurance is Secondary to Personal Health Insurance.)

Policy #: _____ Group #: _____

Name of Primary Insured: _____

Primary Insured's Date of Birth: _____

Is camper on Prescription Medication? Yes No

If yes, please list exactly what and when it is to be taken below:

(NOTE: Attach Additional Information as Needed.)

Date of Last Immunizations:

DTP: ____/____/____ Measles: ____/____/____

Does Camper Have Any of the Following Conditions:

Diabetes: Yes No Tuberculosis: Yes No

Epilepsy: Yes No Other: _____

Asthma: Yes No _____

Allergies (Severe Reactions Only):

Hay Fever: Yes No Penicillin: Yes No

Ivy Poison: Yes No Insect Stings: Yes No

Food, Drugs, Other: _____

List any surgeries or serious injuries in the last 2 years:

Restricted Activities: _____

Dietary Restrictions: _____

Can camper participate in normal camp/event activities, including climbing stairs? Yes No

OVER MORE ON BACK

COLLATERAL

EVENT DATES
JULY 5-9, 2010 & JULY 19-23, 2010

OH / KY REGION
SR & JR HIGH CAMPS

Arts 16:26

THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:

CAMPER'S DECLARATION

I will fully cooperate with the staff, rules, "The Basics" (listed below) and program established for this camp / event so as to not discredit my parents, my church, or myself.

Camper's Signature: _____ Date: ____ / ____ / ____

PARENTAL / GUARDIAN MEDICAL, ACTIVITY & TRANSPORTATION RELEASE

My child will cooperate with the staff, rules and program of the camp / event. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp / event / sport activities will contain inherent risk of injury. Any controversy or claim arising out of or related to my child's participation in this camp / event shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. It is understood that the camp / event officials will make a conscientious effort to locate contacts listed on this form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary and any insurance held by the camp (for camp events) or Mid-Atlantic District (for other district events) is third. I hereby consent to my child participating in all camp / event activities. I give consent for transportation to and from the camp / event by authorized church representatives. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor or other first-aid personnel. I also give consent for my child to go on authorized trips away from the camp / event premises. I also certify that my child's immunizations are up-to-date.

Parent / Legal Guardian's Signature: _____ Date: ____ / ____ / ____

PASTOR'S RECOMMENDATION

I recommend this student as one who will cooperate with the staff, rules and camp / event program. I understand it is my responsibility to see that the student is picked up if they do not cooperate.

Pastor's Signature: _____ Date: ____ / ____ / ____

THE BASICS

- A. Have fun, help others, and be respectful to all leaders, campers, and property. **Respect is the fundamental rule.**
- B. Leave things better than you found them (vehicles, sleeping quarters, buildings, etc.)
- C. **If you fast the ordinary, God can do the extraordinary!** Leave iPods, handheld electronics, magazines, and books at home. Cell phones may be brought but must be kept in the possession of your youth leader once you enter the camp / event location.
- D. **Making racial or sexual comments is grounds for immediate dismissal from the camp / event.**
- E. Love is a beautiful thing...but at camp / events, we put romantic relationships on hold so we can hear God clearly. It is hard to tune into God when your heart is beating loudly.

By signing this document you are stating you have read and agree with all information printed on this form.

IMPORTANT INFO

- A. Please make all checks payable to your church. They will send all registrations together with one church check.
- B. Cancellations are nonrefundable, but are transferable with a church. Transfers made within one (1) week of the camp / event start date may only be within the same gender.
- C. This event is being administrated by the Mid-Atlantic District. They may be reached at 440.985.2020.
- D. For more information about this event, please contact your local church.
- E. Please do not allow firearms, weapons, fireworks, alcohol, tobacco, or narcotics to accompany your child to the camp / event. If any of these items are found, it is reason for immediate dismissal from the camp / event.

Thank you!

OVER MORE ON BACK