

YOUNG AMBASSADORS FOR CHRIST

CAMPER REGISTRATION & CONSENT FORM

Emergency Medical Information, Consent, and Release

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		CITY	STATE		ZIP CODE
DATE OF BIRTH	AGE	COMPLETED GRADE		MAIN PHONE	
EMERGENCY PHONE			PARENT'S NAMES		
CHURCH NAME			PASTOR'S NAME		

MEDICAL INFORMATION

SPECIAL MEDICATION			ARE SHOTS UP TO DATE?
ALLERGIC REACTIONS (Bee Stings, Penicillin, Other)	TYPE OF REACTION	TREATMENT GIVEN	
PHYSICAL HANDICAPS, DISORDERS OR DISEASES (include infectious diseases)			
RESTRICTED ACTIVITIES (include reason)			

INSURANCE INFORMATION

INSURANCE CARRIER	POLICY NUMBER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	

EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, and I cannot be contacted at the numbers listed above, I consent to authorize the ministry leaders to make medical decisions for my child until he/she is under the supervision of a licensed physician and/or surgeon. I consent to attending physicians to diagnose and treat my child, including surgery and hospitalization. I consent to pay for this medical, dental, or hospital care or treatment and claim that no other person is required by law to give such consent.

RELEASE OF LIABILITY

I assume all of the risks, which may be encountered on these activities. I agree to not hold Young Ambassadors for Christ and its agents or employees liable for the actions, causes of actions, claims, expenses, or damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or associated activities.

SIGNATURE PRIMARY PARENT / GUARDIAN

PRINT NAME

DATE