



# 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.

### PERMISSION FOR EVENT

I, the undersigned Parent or Legal Guardian, give consent for my child to participate in the following activity, including those preliminary and subsequent thereto, of the Solid Rock Baptist Church. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, guests with underlying medical conditions are especially vulnerable. By attending this event, you voluntarily assume all risks related to exposure to COVID-19.

### 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