

# YOUTH CAMP 2008

## ADULT REGISTRATION AND MEDICAL RELEASE

[Please Print]

Name \_\_\_\_\_ T-shirt Size  S M L XL XXL

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Age(as of 07/20/08) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_

### IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH HISTORY: Check - giving appropriate dates

Ear infection	_____	Hay Fever	_____	Chicken Pox	_____
Convulsions	_____	Poison Ivy	_____	Measles	_____
Rheumatic Fever	_____	Insect Bites	_____	German Mea.	_____
Diabetes	_____	Penicillin	_____	Mumps	_____
Behavior	_____	other drugs	_____	Asthma	_____

Operation of serious injuries (dates) \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

**IMPORTANT: Please notify the camp if you have been exposed to any communicable disease during the three weeks prior to camp attendance.**

Taking any medications? \_\_\_\_\_

Instructions for medications \_\_\_\_\_

Allergic to any medications? \_\_\_\_\_

*Should I experience minor pains or discomfort, after praying for him/her and with your permission, these over the counter generic medications could be dispensed: Acetaminophen, ibuprofen, calcium antacid tablets (Tums or Tagamet), anti-diarrheal, Pepto-Bismol, benadryl, cough syrup, or decongestants.*

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event I cannot make a decision in an emergency, I AUTHORIZE medical treatment of myself to include, without limitation, x-ray, examination, anesthesia, medical, dental, or surgical examination or treatment, general hospital care or first aid. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this AUTHORIZATION. The possession of this AUTHORIZATION by an adult leader is evidence that the leader has care and control of the above named.

**X**Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

## RELEASE STATEMENT

EFFECTIVE 5:00PM, July 20<sup>TH</sup> THROUGH 12:00PM, July 25<sup>th</sup>, 2008, \_\_\_\_\_ WILL BE ATTENDING YOUTH CAMP 2008 AT LAKE TOMAHAWK CHRISTIAN RETREAT CENTER AND WILL BE PARTICIPATING IN ACTIVITIES. IN CONSIDERATION OF THE POSSIBLE INJURIES WHICH COULD OCCUR IN ANY OF THE ACTIVITIES, I, BY THE SIGNING OF THIS DOCUMENT, DO HEREBY RELEASE GRACE INTERNATIONAL INC., LAKE TOMAHAWK CHRISTIAN RETREAT CENTER, AND ANY AND ALL OTHER PERSONS AND CHURCHES OFFICIALLY CONNECTED WITH YOUTH CAMP 2008 FROM ANY AND ALL LIABILITY FOR ANY INJURY OR DAMAGES WHATSOEVER ARISING FROM MY PARTICIPATION. I GIVE MY PERMISSION FOR GRACE INTERNATIONAL INC., AND ANY AND ALL OTHER PERSONS AND CHURCHES OFFICIALLY CONNECTED WITH YOUTH CAMP 2008 MAY USE PICTURES TAKEN OF ME AT CAMP FOR ADVERTISING AND PUBLICATIONS. **IF THERE IS A DISCIPLINARY PROBLEM, I UNDERSTAND THAT I COULD BE SENT HOME AT MY OWN EXPENSE. I, ALSO UNDERSTAND I WILL ASSUME THE RESPONSIBILITY FOR ANY AND ALL DAMAGES AND FEES INCCURED BY MY ACTIONS.**

**X**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_