

Child's Medical Release & Registration Form

WAPAC Kids Camp at Miracle Ranch July 13, 2015 – July 17, 2015

Pre-Registration: April 1-June 3 _____ \$275
 Registration: June 4-July 1 _____ \$290
 *Late Registration: July 2-July 13 _____ \$315

*If space is still available.

Please turn form into your local church representative.

Name: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLE

Grade for 2014/2015: _____ Male Female Parent Email: _____

Church: _____ T-Shirt Size: Adult: XL L M S / Child: XL L M S

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Medical Insurance Company: _____ Policy #: _____

Policy Holder Information: _____
NAME

Mother's Name: _____ Phone: Home _____ Cell: _____

Father's Name: _____ Phone: Home _____ Cell: _____

Emergency Contact: _____ Phone: Home _____ Cell: _____

Emergency Contact: _____ Phone: Home _____ Cell: _____

Physician: _____ Office Phone: _____

With whom do you live? Father Mother Both Legal Guardian

Legal Guardian's Name: _____ Phone Number: _____

Camp Guidelines

For your information, we expect each child to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Children who fail to comply with these expectations may be sent home at their parents' expense.

I, the participant, have read the rules of conduct, the above evaluation of my health, and permission to participate in camp activities. I agree to abide by the stated personal limitations and code of conduct.

Child signature: _____ Date: _____

Name: _____

LAST FIRST

Parent Name: _____

LAST FIRST

Parent Contact: _____

EMERGENCY PHONE NUMBER

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Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this child. If necessary, add another page with details:

1. For your child safety and our knowledge, is your child a— (a swim test will still be required)
 good swimmer fair swimmer non-swimmer
2. Does your child have allergies to—
 pollens medications food insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy/seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
4. Date of last tetanus shot: _____
5. Please list and explain any major illnesses the child experienced during the last year:
 Additional comments: _____
6. Please list and explain any allergies to medications, food, etc. Please describe the management and reaction.

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **It must be in the ORIGINAL packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.**

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking: _____

Med #2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking: _____

Med #3 _____ Dosage _____ Specific times taken each day _____
 Reason for taking: _____

Attach additional pages for more medications.
 Identify any medications taken during the school year that participant does not/may not take during summer:

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Dietary Restrictions

- Does not eat red meat
 Does not eat pork
 Does not eat eggs
 Does not eat poultry
 Does not eat seafood
 Does not eat dietary products
 Other (describe) _____

Explain any dietary restrictions (e.g., what cannot be eaten, what adaptations or limitations are necessary).

Camp Release

Activities may include, but are not limited to: cookouts, swimming, basketball, games in the field, soccer, volleyball, softball, baseball, camping, hiking, Bible studies, paintball, horseback riding, ropes course. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church children's pastor prior to that event.*

_____ has my permission to participate in all camp activities
 sponsored by the Washington Pacific District Church of the Nazarene from July 13, 2015 through July 17, 2015.

NAME OF CHILD

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Washington Pacific District Church of the Nazarene and its representatives of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the Washington Pacific District Church of the Nazarene. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Washington Pacific District Church of the Nazarene, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Washington Pacific District Church of the Nazarene, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children's ministries staff member.

Parent/guardian signature: _____ Date: _____

Media Release

I hereby consent to all photographs, audio recordings, and/or video recordings taken of my child by Washington Pacific District Church of the Nazarene camp staff or other designee. I understand that such photographs, audio recordings, and/or video recordings become the property of Washington Pacific District Church of the Nazarene and may be used by Washington Pacific District Church of the Nazarene, or others for educational, instructional, or promotional purposes determined by Washington Pacific District Church of the Nazarene in broadcasting and electronic media formats now existing or in the future.

Participant signature: (on behalf of marital community) _____ Date: _____

Parent/guardian signature: _____ Date: _____



Agreement for Waiver and Release, Assumption of Risks & Indemnification (rev 1/10)

NOTICE: This document affects your legal rights, please read carefully. Handwritten *changes* to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Group or Event Name WAPAC Kids Camp July 13th – 17th

Participant Name (print) _____ Parent/Legal Guardian Name (print) _____

I, the above Participant or the Parent/Legal Guardian of participant, being above the age of 18, agree as follows:

I acknowledge and understand that certain camping activities, including but not limited to: skating, skateboarding, paintball, ropes courses, archery, marksmanship, water sports, horses and dirt bikes are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering camp grounds and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, or for the participation of my child or the minor for whom I represent that I am legal guardian, I hereby release and forever discharge Island Lake Camp, Miracle Ranch Camp, and CRISTA Ministries, and their servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as "CRISTA"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my, my child's, or the minor for whom I represent that I am legal guardian's viewing or participating in any camping activities. By signing this Agreement, it is my intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA's gross negligence.

I further agree to indemnify, hold harmless and defend CRISTA against any and all claims for damages, costs, expenses or attorney's fees brought by any third party in connection with or arising out of my, or the above-listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns.

Emergency Consent: _____ (participant's name) may receive emergency and/or routine medical care from a physician or emergency facility if I am incapacitated (if participant), or cannot be reached in an emergency (if parent/guardian).

Photo Release: CRISTA may publish photos taken of participant and I release all rights to remuneration for such photos.

I hereby certify that I am 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Participant Signature (on behalf of marital community) _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

Additional Indemnification for Parents/Guardians – Must be completed for participants under the age of 18.

In consideration of _____'s (print minor's name) ("Minor") participation in Camps activities including the use of Camps equipment and facilities, I further agree to indemnify and hold CRISTA harmless from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Legal Guardian Signature (on behalf of marital community) _____ Date: _____