

REGISTRATION & MEDICAL RELEASE/ACTIVITY WAIVER

Idaho Southern Baptist Youth Camp – July 22 – July 27, 2018



Participant's Last Name, First Name (Please PRINT clearly)		t-shirt size(circle one) S M L XL 2XL	
M or F (circle)	Age:	Date of Birth (mm/dd/yy):	Grade completed:
Address, City, State, Zip			
Parent/Guardian Names (with whom the participant resides)			
Address, City, State, Zip (of parent/guardian if different from above)			
Daytime phone	Evening phone	Cell phone	
Email Address of Participant or Parent/Guardian			
Medical insurance company and policy number (attach copy of insurance card)			
If Parent/Guardian cannot be reached, contact (name and phone number)			
I will be participating at camp as a (circle one) Camper Cabin Leader Staff			
Church attending camp with (church name, city)			

Are you currently taking any medication or treatment or have any medical conditions? (circle one) Yes No

If yes, please list and explain: _____

All prescription and over-the-counter medications (including vitamins and supplements) brought to camp must be in their original container and turned in to the camp first aid team at registration.

Date of Last Tetanus Toxoid Immunization: _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? Explain. _____

List any allergies/restrictions:

Food: _____

Environmental: _____

Drug: _____

My child may be given over-the-counter medication in appropriate doses if needed:

____ Pepto-Bismol ____ Tylenol ____ ibuprofen ____ Benedryl ____ cough syrup

FOR TVSBA OFFICE USE ONLY

Registration & Medical Release/ Activity Waiver Form Completed _____ Allergy Alerts? _____

Insurance Card Copy Received _____; Amount due at camp _____

NOTES:

REGISTRATION CHECKLIST

ALL PARTICIPANTS: To complete your registration you will need to return the following to your church's camp coordinator, who will verify the following:

- \$30 deposit paid to your local church (additional \$145.00 due to your church before camp)

AMOUNT PAID: _____ CHECK # (if paid by check): _____

- Completed and signed Registration & Medical Waiver/Activity Release Form
- Copy of medical insurance card attached



CABIN LEADERS AND STAFF: Complete the All PARTICIPANTS checklist and the following:

- Completed Leader Information (all adults) and Pastor Endorsement
- Completed form agreeing to a background check

MEDICAL RELEASE AND ACTIVITY WAIVER

SPONSOR: Treasure Valley Southern Baptist Association, P. O. Box 739, Nampa, Idaho 83653

ACTIVITY: Idaho Southern Baptist Youth Camp, July 22– July 27, 2018 at Living Waters Ranch, Challis, Idaho; including (but not limited to) swimming, hiking, campfire, transportation in camp and/or staff vehicles, service projects in nearby communities, and photographs.

I authorize treatment for my child (or myself) at camp by a designated first aid provider in the event of any accident or illness, including administration of OTC medications at his/her discretion.

In the event of an emergency, I further authorize the transfer of my child (or myself) to a medical facility for treatment if needed. I agree to assume all financial responsibility for all medical care that may be required in such an event. All possible effort will be made to contact parents/family in the event of an emergency requiring further medical treatment than is available at camp, before such treatment is initiated.

I understand that my child will be transported home from camp with the same group he/she arrived with, unless I have specifically instructed otherwise here. There will be no exceptions to this rule except in the case of a medical emergency or extreme misbehavior by a camper.

Special travel instructions:

FOR ALL PARTICIPANTS TO READ AND SIGN:

As a camper, cabin leader or staff, I understand that if I intentionally violate the Camp Code of Conduct or Dress Code, or I choose not to obey those responsible for my safety, I will be sent home. I will obey the Camp Code of Conduct and those responsible for my safety.

Participant's Name, PRINTED: _____

Participant's Signature _____ Date: _____

FOR PARENT/GUARDIAN OR PARTICIPATING ADULT LEADERS TO READ AND SIGN:

As the parent/guardian of the child named above, I have discussed the Camp Code of Conduct and Dress Code with my child. I understand that if my child must be sent home from camp, whether due to illness or injury or for intentional disobedience, it will be without any refund of camp fees.

In consideration of the permission granted to the participant named above to participate in the designated activity, I hereby release the above named Sponsor/Church, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said Sponsor/Church, their agents and employees, and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described Activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian or Adult Leader's Signature _____ Date: _____