

Life Center : PO Box 957 : Centralia, WA : 360-736-5898

Forged Youth Summer Camp

Cost \$250

August 15-19, 2016

Participant's Name: _____
Address: _____
Phone: _____ D.O.B.: _____

Name of Health Insurance Company: _____
Health Insurance Policy Number: _____
Health Insurance Phone Number: _____
Name of Policy Holder: _____
Policy Holder's Phone Number: _____

Emergency Contact Name: _____ (cell phone) _____
2nd Emergency Contact Name: _____ (home phone) _____ (cell phone) _____

RELEASE:
I, the undersigned, hereby release and discharge Life Center's officers, employees and any volunteers (herein collectively referred to as church) from all liability arising out of, or in connection with the above described activity or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action suits or judgments of any and every that I, my heirs, executors, administrators or assignees may have against the church because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described activity or excursion and that results from any cause other than the negligence of the church.

MEDICAL RELEASE:
I give my permission to Life Center to treat my child in the event of a medical emergency. I understand my insurance carrier will be billed for medical charges in the case of illness or injury to my child while at this church-sponsored activity.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Please list any medications that your child will be bringing with him/her:
ALL MEDICATIONS MUST BE IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING CHILD'S NAME AND DOCTOR'S INSTRUCTIONS

Please list any medical concerns or conditions we should be aware of:

Please list any known allergies:

- As parent and/or legal guardian, I give permission to administer as needed:
- Tylenol (acetaminophen) (500 mg each tablet) qty. _____
 - Advil (ibuprofen) (200mg each tablet) qty. _____
 - None of the above

In consideration of the arrangements above, the undersigned hereby releases and discharges Life Center's officers, employees, and any volunteers for any injuries or damages caused by negligence (active or passive) of any of the entities named or described above. I authorize the administration, as needed or prescribed, of the above drugs to my child as described above.

Parent/Guardian Signature: _____
Print Name: _____ Date: _____

SUMMER CAMP

Camp Application

Name of Applicant: _____ Shirt Size: XS S M L XL 2XL (circle one)

Name of Legal Guardian: _____

Phone Number: _____ Work Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the applicant have any allergies? _____ What: _____

Does the applicant take special medication? _____

For what? _____ How often? _____

(All medication must be checked into Youth Staff before departure for camp.)

Has the applicant had or been treated for lice in the last six months? _____

(We will be doing a lice check at registration the morning of camp, we can NOT have any students with lice attend camp.)

I understand that participation in 2016 Youth Camp involves a certain degree of risk. I have carefully considered the risk for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Life Center Forged Youth, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims and liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purpose of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have read over the permission slip and give Life Center Forged Youth and Aldersgate Camps & Retreats permission to authorize and seek out appropriate medical treatment for my child in case of emergency.

Parent/Legal Guardian Printed Name

Emergency Contact Number

Parent/Legal Guardian Signature

Date