

FORWARD YOUTH CHURCH SUMMER CAMP

M A D E

PERSONAL INFORMATION

Last Name First Name M.I.

_____/_____/_____
D.O.B School Grade Gender

Street Address City State Zip

(_____) _____ - _____ Yes / No (_____) _____ - _____
Student Cell Phone Text Student Home Phone

Student email (please list one that is checked regularly) Cabin Mate Request

PLEASE CHECK WHICH CAMP YOU ARE REGISTERING FOR: (Grade entering fall of 2013)

- Sr. High | 8th - 12th Grade Jr. High | 6th - 8th Grade
8/11 - 8/16 8/18 - 8/23

REGISTRATION COST:

- \$199 Regular Registration 4/7 - 7/27 \$220 Late Registration 7/28 - 8/11

TOTAL COST:

Registration: Additional Fees/Scholarship Donation
\$ _____ + \$ _____ =

MAKE CHECKS PAYABLE TO: Valley Real Life

\$ _____
TOTAL COST

STUDENT COMMITMENT

I/student understand that I am not to bring any knives, drugs, alcohol, tobacco products, or firearms. I also understand that possession of any illegal item will result in my immediate dismissal camp, as well as legal action.

Permission to Provide Necessary Treatment or Care: I hereby give permission to the medical personnel selected by Valley Real Life staff/leaders to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange the necessary related transportation for my child. In the event I cannot be reached by emergency, I hereby give permission to the physician selected by Valley Real Life staff/leaders to secure and administer treatment, including hospitalization, for the person named above.

Student Signature

Date

Parent/Guardian Signature

Date



Parent/Guardian Consent/Liability/Medical Release & Health History Form

Event & destination: FORWARD Sr. High & Jr. High Summer Camp 2013 at Big Sky Bible Camp, 501 McCaffery Rd. Bigfork, MT

Date of event: August 11-16, 2013 & August 18-23, 2013

Activities may include but are not limited to the following: tubing, archery, canoeing, high ropes course, bus rides, paintball, boating, swimming, and kickball

This form is REQUIRED for camp attendance.

Please read carefully, print legibly, complete in full, sign in both locations

VALLEY REAL LIFE | PO BOX 397 | SPOKANE VALLEY WA, 99016 | P: 509.232.0840 | F: 509.232.0848

All information is kept in confidence.

GENERAL INFORMATION

Student Last Name: _____ First Name: _____ Middle Initial: _____

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

Student Home Phone: _____ Student Cell Phone: _____

Male Female Age: _____ Current Grade: _____

Father/Guardian/Custodian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother/Guardian/Custodian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone #: _____

Policy #: _____ Group #: _____

MEDICATIONS BEING TAKEN: PLEASE READ CAREFULLY AS NO EXCEPTIONS WILL BE ALLOWED

Please list all medications (including over-the-counter and/or nonprescription drugs) taken routinely. Bring enough medication to last the duration of camp. Valley Real Life will not be responsible for refilling medical prescriptions at pharmacy. ***All drugs must remain in the ORIGINAL PACKING that identifies the camper, prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Loose pills WILL NOT be accepted or administered. If samples of medication are brought, a copy of the prescription and physician's signature must accompany them. ALL INHALERS AND EPI PENS ARE TO BE IN ORIGINAL BOX WITH LABEL.*** Attach additional pages for more medications. ***All medications must be checked in to Valley Real Life staff before camp departure*** and will be administered by a camp nurse.

This person takes NO medication 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: _____

These are the medications that are available at Big Sky Bible Camp. Please **sign below** giving your permission to administer these medications on an as needed basis to your child. Please **CIRCLE** any medication you **DO NOT WANT** Big Sky Bible Camp to give to your child and explain reason why in space provided below.

- Acetaminophen (Tylenol) Loradadine (Claritin) Ibuprofen (Advil/Motrin) Alcohol/Vinegar Ear Wash (for after swimming) Eye Drops
- Guaifenesin DM (Robitussin) DayQuil/NightQuil Diphenhydramine (Benadryl) Campho Phenique Magnesium Hydroxide (Mylanta)
- Cough Drops Calcium Carbonate (Tums) Throat Spray Triaminic Cold Medicine Pseudoephedrine (Sudafed) Tooth Pain Reliever (Oral Gel)
- Topical: Betadine Hydrogen Peroxide Antibiotic Cream Hydrocortisone Cream Calamine Lotion Burn/Sting Spray
- Poison Ivy Wipes Skin Protector Cream (zinc oxide) Aloe Gel/Lotion Sunscreen

Reason: _____

Signature of Parent/Guardian or Adult Camper: _____ Relationship: _____ Date: _____

PHYSICIAN & MEDICAL INFORMATION

Name of family physician: _____ Phone: _____

Address: _____

Name of family dentist/orthodontist: _____ Phone: _____

Date of last Tetanus shot (every 10 yrs.) : _____ Please do not write "up to date"; include month & year.

Has the camper had: Whooping Cough Measles Chicken Pox German Measles Mumps Hepatitis

Has the camper traveled out of the U.S. in the past 9 months? Yes No If yes, where? _____

Medication Allergies:

Describe reaction and management of the reaction:

Food Allergies: *(Please circle all that apply)*

Ingestion

Inhalation

Contact

Other Allergies *(Include insect stings, hay fever, asthma, animal dander, etc.):*

Medical History

Do you currently have or previously had (please describe if any checked):

Currently Previously

- Injury, illness or infectious disease? _____
- Chronic or recurring illness/condition? _____
- Surgery? _____
- Hospitalization? _____
- Frequent headaches? _____
- Migraines? _____
- Head injury? _____
- Knocked unconscious? _____

Currently Previously

- Wear glasses, contacts or protective eyewear? _____
- Frequent ear infections? _____
- Passed out after exercise? _____
- Dizziness after exercise? _____
- Seizures? _____
- Chest pain after exercise? _____
- High blood pressure? _____
- Heart murmur? _____
- Back problems? _____
- Problems with joints? _____
- Orthotic appliance being brought to camp? _____
- Skin problems (e.g. itching, rash, acne)? _____
- Diabetes? _____
- Asthma? _____
- Mononucleosis in the last 12 months? _____
- Problems with diarrhea/constipation? _____
- Problems with sleep walking? _____
- If female, have an abnormal menstrual history? _____
- History of bedwetting? _____
- Eating disorder? _____
- Emotional difficulties where professional help was sought? _____
- Diagnosed with Rotavirus? When? _____
- Diagnosed with Impetigo or Eczema in the in the last 12 months? When? _____

Please feel free to call a Valley Real Life Administrator to discuss any concerns you have. You may also use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which Valley Real Life should be aware.

PLEASE LIST ANY ACTIVITIES THAT YOUR CHILD IS RESTRICTED FROM PARTICIPATING IN:

AUTHORIZATION AND CONSENT

Agreement & Authorization: This Health History form is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted above.

Consent Waiver: In consideration of VALLEY REAL LIFE, I for myself, or the minor child named above, forever waive, release and discharge VALLEY REAL LIFE from any/all injuries, claims, disputes, liabilities, or actions resulting from VALLEY REAL LIFE providing services for me/my child and for my benefit regardless of location for the dates identified above. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my own medical and emergency expenses, in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses. I hereby authorize VALLEY REAL LIFE and/or its associates, assistants, or subcontractors to photograph/film the registrant, and further authorize VALLEY REAL LIFE to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or internet. Any controversy arising out of, connected to, or relating to any matters herein of the transactions between me and the above named parties or on behalf of the minor child named below, of this Release/Waiver, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims shall be settled by arbitration through Christian Conciliation Services; and in accordance with this paragraph a judgment based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington. I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND UNDERSTAND IT.

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Signature of Parent/Guardian if participant is under 18 yrs of age

Relationship

Date