

CPC's Youth Summer Camp 2017 Registration and Release Form

August 7th-10th

(Please print clearly, or type it up)

Church Name (e.g. Covenant, Exile, etc.):

CAMPER INFORMATION

Camper's First Name:

Camper's Last Name:

Birthdate:

Grade (going into fall of 2017):

Gender:

CONTACT INFORMATION

Email Address:

Phone Number:

What is the best way to reach you?:

Please enter your full address

Street Address:

City:

State:

Zip Code:

Sweatshirt Size (Adult S, M, L, XL—they run a little small):

MEDICAL INFORMATION

Primary Care Physician:

Physician's Phone Number:

Medical Insurance Provider:

Policy #:

Group #:

Have you had a Tetanus shot in the past 7 years?:

Medical History - Please circle any of the following that apply if camper has any prior or current health problems in the following areas:

Asthma/Respiratory

Allergies

Headaches

Diabetis
Cardiovascular
Blood Problems
Muscular/Skeletal
Skin
Gastrointestinal
Psychiatric
Other
None of the above

Please list any details of the above that is circled:

Please list any medications that will be taken during the camp:

Please list any food allergies, dietary needs or other special instructions:

Does this camper have any other health or medical issues that would hinder their participation in any activity?:

MEDICAL EMERGENCY & GENERAL RELEASE FROM LIABILITY

MEDICAL EMERGENCY:

In the event of a medical emergency: (1) I authorize Covenant Presbyterian Church (CPC) and its staff or volunteers to contact the emergency numbers, including my primary care physician, or other qualified medical personnel for medical information, records or treatment; (2) I authorize CPC and its staff or volunteers to administer first aid or CPR to me, if they think it is necessary; (3) I authorize CPC and its staff or volunteers to administer appropriate medication to me if they deem it necessary, except for any medications listed above, to call for emergency treatment, if necessary, and to transport me to a medical treatment facility; and (4) I authorize CPC and its staff or volunteers to disclose any relevant medical information about me as necessary for my treatment.. I understand that I will be solely responsible for any medical, hospital or related charges, which may be incurred, on my behalf of in connection with any injury, illness or other medical condition suffered by me during this camp (including transportation to and from activities) or as a result of my participation in these activities. Upon request, I will reimburse CPC for any charges paid by them on my behalf.

GENERAL RELEASE FROM LIABILITY:

In consideration for CPC allowing me to participate in this trip, I hereby release, discharge and agree to indemnify and hold harmless CPC, its directors, officers, staff, employees, volunteers, and third party contractors of CPC, from any and all legal claims, liabilities, losses, expenses and demands of any nature whatsoever, including those related to personal injury, sickness, death, or property damages incurred by me or arising out of my participation in this trip. Except for intentional or reckless acts of the staff, employees, volunteers, or third party contractors of CPC, I hereby assume all risk of personal injury, sickness, death, damage and expense arising out or related to my participation in this trip.

AUTHORIZATION TO PARTICIPATE:

There are risks involved in these activities. You need not participate. It is your choice whether you participate in any activities and to what level. However, in order for you to participate at any level in these or any other activities, you must sign this document, and your signature forever waives your right to sue CPC (and its directors, staff, employees and other contracted parties) for any injury (or death) you may suffer arising out of your participation in any activities during the camp.

ACKNOWLEDGMENT OF RISK:

I acknowledge that there are risks and hazards involved in all of the activities I have chosen as well as any activities in which I may later choose to participate. These risks include, but are not limited to: physical injury, trauma, death, emotional injury, and property damage. Potential hazards include, but are not limited to: falling from dangerous heights; falling objects; equipment failure; exposure to the sun; severe weather conditions; uneven or unsuspected road, trail or ground surfaces and conditions; contact with animals or insects; interference from other activities in the vicinity; water via swimming and rigorous physical activity and exhaustion. The activities which I have chosen, or in which I may later choose to participate, may include intense physical challenges that may place unusual demands on my bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards I may encounter, and that I may encounter other hazardous situations.

CERTIFICATION OF FITNESS:

I certify that I am completely healthy (both physically and emotionally) and capable of participating in the activities indicated above as well as any other activities in which I may later choose to participate. I have listed on my Medical Information Form any medical conditions of which CPC should be aware which may hinder my participation in any activities. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in any particular activities.

WAIVER OF LIABILITY:

In order to participate in the activities listed above as well as any other activities I may choose later, I forever waive my right to sue CPC (including its directors, officers, staff, employees, volunteers, and third party contractors of CPC) for any injury (including death) I may suffer arising out of my participation in such activities. I understand that by signing this document, all liability of CPC (including its directors, officers, staff, employees, volunteers, and third party contractors of CPC) to me for any injuries (including death) I may suffer arising out of my participation in any such activities will be forever extinguished.

Acceptance of Terms: I have read the MEDICAL EMERGENCY & RELEASE FROM LIABILITY terms and agree to them. YES or NO

SIGNATURE:

This form must be signed to be submitted. It must be signed by the camper's parent/legal guardian unless the attendee/student is 18 years or older.

Signature:

Today's Date:

I certify that the above signature is from a parent or legal guardian or from a camper/student that is 18 years old or older:

YES, the signature is from a parent/legal guardian or student that is 18 years old or older.

*If you have any questions or problems registering please contact Youth Director/Camp Director
Chantel Kreiger - chantelk@cpcissaquah.org*