

Wintercamp at Lake Champion

Registration, Liability, Medical & Media Release

REGISTRATION

All adults and students attending the Lake Champion weekend camp must complete the form in ink, initial & sign as indicated.

Name: _____ Age _____ Year in school _____ Male Female

LAST FIRST MIDDLE

Email _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

MEDICAL INFORMATION

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

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

1. Does your child have allergies to? pollen medications food insect bites other (please specify)

2. 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

3. Date of last tetanus shot: _____

4. Does your child wear: glasses contact lenses

5. If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff/volunteers 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.

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

**Wintercamp at Lake Champion
Registration, Liability, Medical & Media Release**

MEDICAL, MEDIA, LIABILITY RELEASE, & CODE OF CONDUCT

THOSE PERSONS SIGNING THIS FORM AGREE TO AND UNDERSTAND THAT THIS FORM INCLUDES THE GOOD FAITH WAIVING OF CERTAIN VALUABLE RIGHTS IN EXCHANGE FOR PARTICIPATION IN THE LAKE CHAMPION WEEKEND AND ITS RELATED ACTIVITIES.

By signing this form they acknowledge that they are releasing Young Life, the Princeton Institute of Youth Ministries and other parties of liability for themselves and, if applicable, for the above named individual who is either their natural minor child or minor child in their legal guardianship. They recognize that participation in various physical activities involves subjecting oneself and others to risk of injury, and agree to respect the instructions of all event staff and volunteers, as well as hold all parties free from liability. Activities may include, but are not limited to: worship, small groups, meals, group games, group sports such as soccer, ice skating, tubing, being exposed to the elements, rock climbing, free time, bonfires, talent shows, etc.

MEDICAL RELEASE/DISCLOSURE: _____(initial)

I/we understand that the programs and exercises in this program are voluntary. I/we assume the risk of any and all injuries, which may occur as the result of participating in this program despite any physical and/or emotional conditions identified in this application. I/we have identified in the medical history enclosed any physical or emotional conditions which might limit or affect participation, or make the student susceptible to injury.

AUTHORIZATION FOR EMERGENCY TREATMENT: _____(initial)

I/we hereby give permission for the minor named above to receive emergency medical treatment, including hospitalization, in the event I/we cannot be reached in an emergency.

STUDENT CODE OF CONDUCT: _____ (initial)

I/we have read the code of conduct and agree to comply.

1. No possession or use of alcohol, drugs, tobacco, weapons, fireworks, lighters, etc.
2. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
3. Participation with the group is expected.
4. Respect property, one another, staff, adult volunteers, and event purposes and schedules.

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

PHOTO/MEDIA RELEASE: _____(initial)

I/we, the undersigned, hereby grant to Young Life, its officers, employees, agents, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings involving myself or my minor child, for use in materials that the agency, described herein, may compile and distribute.

RELEASE OF ALL CLAIMS: _____(initial) (LIABILITY RELEASE)

I/we have read this form and are aware of and understand that in consideration of the privilege of the student/participant to participate in the Lake Champion weekend, the applicant (including: themselves, parents, guardians, estate, agents, successors and assigns) agree to indemnify and hold harmless, release and forever discharge, Young Life, the Princeton Institute of Youth Ministries and all their officers, employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from my/our participation in the above mentioned program or activity including costs and reasonable attorney fees. The terms herein shall serve as a release not only for the participant but also apply to their heirs, executors, administrators, personal representatives, parents, guardians and for all members of their family. (For a parent or guardian signing for a minor, I/we agree to these terms for the minor, for themselves individually and as a parent or guardian.) The parties signing this form acknowledge that Young Life and the Princeton Institute of Youth Ministries have relied upon the good faith execution and delivery of this form. The parties signing this form assume the risk of any and all injuries, which may occur while participating in the above referenced program(s)/activities.

SIGNATURES

I/we have read and understand this form, have had an opportunity to ask questions, and freely agree to the terms as expressed in return for participation in the above referenced program. Questions may be directed to Jim Cunningham at 609-915-2988.

PARTICIPANTS OVER 18 ONLY:

Participant Signature: _____ Date _____ (Printed name: _____)

-OR - PARTICIPANTS UNDER 18 ONLY:

Student's Signature: _____ Date _____ (Printed name: _____)

Parent/Guardian Signature: _____ Date _____ (Printed name: _____)