CALVARY OF TAMPA TEEN CAMP – JULY 9th – JULY 13th, 2018

REGISTRATION AND HEALTH FORM

Calvary Community Church 4811 George Road, Tampa, Florida 33634 PH. 813-884-4328

COST $100.00 ($25.00 must accompany registration form – leaving balance of $75.00)

CHURCH BUS WILL DEPART AT 9:00 AM MONDAY JULY 9TH FROM CALVARY COMMUNTY CHURCH

NAME (LAST)_____(FIRST)_____ SEX____ AGE_____ BIRTHDATE_____

ADDRESS _____ CITY_____ZIP_____

PARENTS OR GUARDIANS_____

HOME PHONE #_____WORK PHONE #_____

HEALTH HISTORY (PLEASE ANSWER YES OR NO TO THE FOLLOWING)

ALLERGIES_____ ASTHMA_____ HEART PROBLEMS_____EPILEPSY _____DIABETES_____

PLEASE EXPLAIN ANY OTHER CONDITIONS THAT WE NEED TO BE AWARE OF: _____

_____

LIST ALL MEDICATIONS THAT WILL BE TAKEN TO CAMP (PRESCRIPTION AND NON-PRESCRIPTION):

_____

FAMILY DOCTOR _____DR.'S PHONE #_____

ALL MEDICINE MUST BE IN IT'S ORIGINAL CONTAINER – CLEARLY MARKED WITH THE CHILD'S NAME AND DOSAGE TO BE GIVEN – AND TURNED IN TO THE CAMP NURSE AT ORIENTATION (THIS INCLUDES OVER THE COUNTER NON – PRESCRIPTION MEDICATION.) GIVE PERMISSION FOR THE CAMP NURSE TO GIVE MY CHILD OVER THE COUNTER MEDICINE (S) FOR MINOR AILMENTS (I.E.: HEADACHE, STOMACH ACHE, INSECT BITES, SORE THROAT, ETC.). I ALSO GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED TO, AND TREATED AT, THE NEAREST MEDICAL FACILITY IN THE EVENT OF AN EMERGENCY. **NOTICE: CAMPERS WHO DO NOT WISH TO FOLLOW THE LISTED CAMP RULES (COPIES AVAILABLE UPON REQUEST) WILL BE SENT HOME AT THE PARENTS' EXPENSE**. I HAVE BEEN NOTIFIED OF & AGREE TO, CALVARY COMMUNITY CHURCH'S POLICY REGARDING CAMPER EXPULSION.

* Sign signature below.

IS CHILD COVERED BY ANY TYPE OF MEDICAL INSURANCE?_____IF YES, POLICY #_____

NAME OF INSURANCE AGENCY_____PHONE #_____

Our camp fee does not include the cost of medical treatment. The health coverage provided by the camp is secondary coverage. Your insurance must be billed first, and you must be ready to pay for any medical expenses in full when you pick up your child. Your insurance, and then our insurance, will make payment to you. We will not seek medical services without prior consultation except in the case of an emergency.

In case of Emergency: I give permission for the Camp Nurse (selected by the camp director) to give my child over the counter medicine(s) for minor ailments (headaches, stomachache, insect bites, sore throat, etc.). I also give permission for my child (as named above) to be transported to, and treated at, the nearest medical facility in the event of an emergency.

CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consents to my child participating in Christian Youth Ranch Summer Camp at Bowens Mill Christian Center 105 Gathering Place Rd. Fitzgerald, GA. July 9-13, 2018. This includes the transportation from Calvary to and from camp. I certify that my child is able to participate in all activities except _____.

If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize (an adult sponsor) to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold **Calvary Community Church 4811 George Rd. Tampa, Fl. 33634**, and its agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

_____ _____ _____

Parent, guardian, or applicant Date Phone