

INSURANCE WAIVER

We (I) the parent(s) or legal guardian(s) of _____ hereby grant our (my) permission for him/her to participate fully in events and activities sponsored by Camp Flip Flop during the time period of June 13 - June 17, 2011.

Authorization and permission is hereby given to said church/camp to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the camp program.

I understand all safety precautions will be taken at all times and during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Camp Flip Flop, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my youth - participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Parent / Legal Guardian Signature

Parent / Legal Guardian Name Printed

Participant Signature (participants 21 years and older)

Participant Printed Name (participants 21 years and older)

Camp Flip Flop

CAMP REGISTRATION & MEDICAL

(Please Print)

Name of student _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Home Phone Number _____ Sex _____ Height _____

Youth Ministry / Church _____ Youth Pastor _____

**be sure to see your youth pastor and complete any necessary forms specific to your church / ministry*

Emergency Contact Information:

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Phone Number (Home) _____ Phone Number (Work) _____

Phone Number (Cell) _____ Phone Number (Other) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____ Relationship to Student _____

Address _____

City _____ State _____ Zip _____

Phone Number (Home) _____ Phone Number (Work) _____

Phone Number (Cell) _____ Phone Number (Other) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury incurred during any Youth Ministry function or activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____

City _____ Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Pre-existing or present medical conditions

- Hay Fever
- Heart Condition
- Diabetes
- Insect Stings
- Epilepsy/Nervous Disorders
- Asthma
- Frequent Stomach Upsets
- Physical Handicaps
- Any major illnesses during the past year?
- Other

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Name and dosage of any medications that must be taken

Any allergies? _____ to medications? _____

Date of Last Tetanus Shot _____ Contact Lenses? _____

Any swimming restrictions? Yes _____ No _____

Details? _____

Any activity restrictions? Yes _____ No _____

Details? _____

Parent / Legal Guardian Signature

Parent / Legal Guardian Name Printed

Age 21+ Participant Signature

Age 21+ Participant Name Printed

