

Camper Name: _____

Memorial Holiness Youth Camp

Age: _____

Child

First _____ Middle _____ Last _____ Gender: Male Female
 School Name _____ Grade _____ Birth date ____/____/____ Age (as of July 6th, 2017) _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian – Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Insurance Information
 Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical challenges, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Challenge	Required treatment	Should a paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If yes, explain and list medications: _____

Camper Name: _____

Is your child allergic to any type of food or medication?

Yes[] No[] If yes, explain: _____

Does your child require a special diet?

Yes[] No[] If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Memorial Holiness Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during **Memorial Holiness Youth Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that, although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and all photos are the property of Memorial Holiness Camp.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Memorial Holiness Youth Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Camper Name: _____

Code of Conduct Agreement

I hereby give permission for the camp organizers to nullify and expel my child's participation with the camp in cases of: sexual misconduct, tobacco usage, narcotic abuse, alcohol consumption, theft, bullying(physical/verbal), and assault. If my child is expelled from camp, I agree to arrange for their transportation home.

Parent's/Guardian's Initials _____

Tuition Agreement

I hereby agree to pay Memorial Holiness Camp one hundred and twenty dollars (\$120) to cover the cost of my child's participation in the camp.

Parent's/Guardian's Initials _____

T-shirt Agreement (Optional)

I hereby opt in for an additional ten dollars (\$10) to cover my child's camp shirt. (Please check) *Yes* *No*

Parent's/Guardian's Initials _____

Memorial Holiness Camp is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. My child's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____