

VICTORY CAMP EVENT FORM

(This form must be completed by each person attending camp)

GROUP _____

EVENT _____

DATES _____

Camper Name _____ M F Age _____
First Last Gender

Address _____

City _____ State _____ Zip _____

E-mail address _____

Parent or Guardian Name(s) _____

Home Phone _____ Alt. Phone _____

In case of emergency contact _____

Phone _____ Relationship _____

Any special requirement or attention needed (please explain)

Dietary restrictions _____

Activities limited by physician _____

Current medication (send with instructions) _____

Reason for taking above medication _____

AGREEMENT TO PARTICIPATE ASSUMPTION OF RISK AND RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING

I (we) acknowledge that during the session that the applicant is participating in, certain risks and danger may occur. I (we) recognize that such risks and danger may include loss or damage to personal property, physical injury, or fatality due to accident. I am healthy (both physically and mentally) and am capable of participating in this session. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I fully authorize the camp's medical personnel to order x-rays, routine tests, treatment and necessary transportation for me/ my child. In the event the parent or guardian cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for me/ my child as deemed necessary. I, individually and on behalf of the minor, do hereby release Victory Camp (a ministry of Living Stones Church) and its employees from any and all liability. I also understand that my participation in this Victory Camp program is entirely VOLUNTARY. I enter in to this session and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions. I understand that photographs or video may be taken of me/ my child during this session for promotional use by Victory Camp. I understand that I will not receive compensation, monetary or otherwise in exchange for these images. I agree that being allowed to participate in Victory Camp is sufficient consideration to support this agreement to participate.



(Signature of parent / guardian, if participant is under 18 years of age) (Date)

(Signature of Participant) (Date)

(Signature of witness) (Date)

The proposed activities provided by Victory Camp require participation in physical exercises which are by their nature, physically demanding. Many of the activities including, but not limited to, challenge course activities, soccer, go-karts, basketball, volleyball, etc..., will or may challenge you and could cause surges in blood pressure and pulse rates. It is imperative that you are free from any heart-related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should receive a physical activities. If you check any of the inquired conditions, it is solely your responsibility to receive the necessary approval from the appropriate health care providers for your participation in all physical activities. If more information is needed regarding such activities, please contact Victory Camp.

MEDICAL INFORMATION

Please fill in the following information as completely and accurately as possible. Any medication the camper is currently using along with a letter describing dosage, frequency, and instructions concerning the medication or any treatment

ALLERGIES

Check all that apply.

- Hay fever Insect Stings
 Asthma Penicillin
 Foods _____
 Other drugs _____
 Operations or injuries

Physician Name: _____

Phone: _____

HEALTH HISTORY

Check all that apply.

- YES NO
 Frequent ear infections
 Bleeding / clotting disorder
 Heart defect / diseases
 Dizziness / fainting
 Chest pain
 Epilepsy
 Mononucleosis
 Arthritis / joint problems
 Diabetes
 Hypertension
 Back problems

INSURANCE INFORMATION

Company: _____

Policy or Group # _____ HMO PPO

Insurance Company Phone: _____

Insurance Address: _____

CAMPER PICK UP

The following persons (in addition to the parent/ guardian listed) are authorized to pick up the camper:



All persons will be required to show photo ID when picking up a camper.