

# VICTORY CAMP REGISTRATION FORM

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

Please Complete if You Are Attending With A Group

- \_\_\_ Session 1 KIDS Grades 3-5 June 8-11, 2011
- \_\_\_ Session 2 DAY CAMP Grades K-5th June 13-17, 2011
- \_\_\_ Session 3 JR HIGH CAMP Grades 6-8 July 25-29, 2011
- \_\_\_ Session 4 DAY CAMP 2 Grades K-5th July 21-24, 2011

Group Name \_\_\_\_\_

Camper Name: \_\_\_\_\_ M F Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

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: \_\_\_\_\_

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 examination. 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.

EB	D \$ _____
P \$ _____	

## A COPY OF THE CAMPER'S IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM.

### 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 must be turned in to the camp health care provider upon arrival.

HEALTH HISTORY - Check all that apply. ALLERGIES - Check all that apply.

- |   |  |
|---|--|
| YES NO<br>___ frequent ear infections<br>___ bleeding/ clotting disorder<br>___ heart defect / diseases<br>___ dizziness/ fainting<br>___ chest pain<br>___ epilepsy<br>___ mononucleosis<br>___ arthritis/ joint problems<br>___ diabetes<br>___ hypertension<br>___ back problems<br>___ pregnant | ___ hay fever<br>___ insect stings<br>___ asthma<br>___ penicillin<br>___ foods<br>___ other drugs<br>Operations or injuries _____ Date _____<br>Physician Name: _____<br>Phone: ( _____ ) _____ |
|---|--|

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy or Group # \_\_\_\_\_  
 HMO \_\_\_ PPO \_\_\_ Insurance Company Phone: \_\_\_\_\_  
 Insurance Address: \_\_\_\_\_

### 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 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 of 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 (if participant is under 18, parent or guardian must sign) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_