

Community of Christ

Mid-Atlantic Mission Center

General Information

Name _____ Age _____ Date of Birth ____/____/____
Social Security Number _____ Gender: Male Female
Phone Number (____) _____ E-Mail _____
Address _____
City/State _____ Zip Code _____
Religious Affiliation _____ Home Church _____
Name of Parents, Custodial Parent or Legal Guardian* _____
Work Phone _____ E-Mail _____
Additional Parent, Legal Guardian or Next of Kin* _____
Home Phone _____ Work Phone _____ E-Mail _____
Persons allowed to pickup your child from camp* _____
*Applies only to those under 21 years of age.

Emergency Notification

Name _____ Relationship _____ Phone _____
Address _____
City/State _____ Zip Code _____

Name _____ Relationship _____ Phone _____
Address _____
City/State _____ Zip Code _____

Medical Information

Allergy to foods, medications (if none, so state) _____
Is applicant currently under a physicians care for any acute or chronic medical condition? _____
If yes, please explain. _____
Does applicant carry medication on their person? (if none, so state) _____
Medication (s) _____ Purpose _____
Does applicant require prescription medications? (if none, so state) _____
Medication (s) _____ Purpose _____
Physician _____ Phone _____

Health Insurance Provider _____ Phone _____
Policy Holders Name _____
Address _____
Group Number _____ Policy Number _____
Other Information _____
Please attach a copy of both sides of your insurance card.

Has Applicant ever had any of the following conditions:
Please check yes and provide month and year of latest occurrence.

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> anemia _____ | <input type="checkbox"/> appendicitis _____ | <input type="checkbox"/> asthma _____ | <input type="checkbox"/> bronchitis _____ | <input type="checkbox"/> chicken pox _____ |
| <input type="checkbox"/> diabetes _____ | <input type="checkbox"/> epilepsy _____ | <input type="checkbox"/> frequent colds _____ | <input type="checkbox"/> fractures - nature _____ | |
| <input type="checkbox"/> heart trouble _____ | <input type="checkbox"/> heart murmur _____ | <input type="checkbox"/> HIV _____ | <input type="checkbox"/> hepatitis _____ | <input type="checkbox"/> kidney trouble _____ |
| <input type="checkbox"/> measles _____ | <input type="checkbox"/> mumps _____ | <input type="checkbox"/> pneumonia _____ | <input type="checkbox"/> rheumatic fever _____ | <input type="checkbox"/> scarlet fever _____ |
| <input type="checkbox"/> sinusitis _____ | <input type="checkbox"/> sore throats _____ | <input type="checkbox"/> tuberculosis _____ | <input type="checkbox"/> whooping cough _____ | <input type="checkbox"/> other _____ |

Activity:

Dates:

Camp & Retreat Registration

Please list applicant's major operations or serious injuries (describe and give dates)

Please list applicant's immunization dates for the following (or attach a copy of health card):

DPT _____ booster diptheria _____ booster tetanus _____ Smallpox _____
typhoid _____ tuberculin _____ measles _____ mumps _____
polio vaccine (Salk or Sabin) _____

What contagious disease(s) has the applicant been exposed to recently? _____

Please check any of the following conditions that apply to the applicant:

() vision problems () hearing problems () hernia () fainting
() diarrhea () constipation () sleep-walking () bed-wetting
() recent emotional upset (death of loved one, divorce of parents, please explain):

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicants experience at camp:

Permission for Medical Treatment

I, the undersigned, parent, legal guardian, next-of-kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred durring this medical treatment. (physician, hospital, x-ray, lab, medicines, ambulance, etc.).

Parent/Guardian Signature/Applicant** _____ Date _____

Photo Release

In consideration of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to all said pictures and video tapes.

Parent/Guardian Signature/Applicant** _____ Date _____

Activity Consent

I specifically consent to my applicant's participation in activities offered by this camp, including but not limited to camping, boating, swimming, hiking, and sporting events. I have deleted any items from the previous list to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in any of the approved activities. (e.g. if boating is approved, the camper can swim). I specifically do not want my applicant to participate in the following activities (if none, please indicate):

Parent/Guardian Signature/Applicant** _____ Date _____

Liability Release

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Mid-Atlantic Mission Center of the Community of Christ, for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever discharge and agree to hold harmless the aforementioned camp and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and behalf of our (my) child-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 recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

*Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign. **Only applicant must sign if 21 years of age or older.*

Parent/Guardian Signature/Applicant** _____ Date _____

Parent/Guardian Signature/Applicant** _____ Date _____