



ROAR Kids Camp 2019 Participant Registration Form/Medical Release



Week 1 (July 15-19) Week 2 (July 22-26) 9:00 AM - 4:00 PM Entering SK-Grade 6

Name of Participant _____

First

Last

Date of Birth (MM/DD/YY) _____ Age Select _____ Gender Select _____ Entering Grade Select _____

Health Card # (Optional) _____ Home Church (if applicable) _____

Name of Parent/Guardian _____ Relationship _____

First

Last

(to child)

Phone # _____ Email Address _____

Name of Parent/Guardian _____ Relationship _____

First

Last

(to child)

Phone # _____ Email Address _____

Emergency Contact Information

Emergency Contact #1: Name _____ Relationship _____ Phone # _____

Emergency Contact #2: Name _____ Relationship _____ Phone # _____

Family Doctor _____ Phone # _____

Medical Information

Please list all medical conditions of which the staff of this camp should be aware (e.g.: asthma, diabetes, epilepsy, allergies, etc.): _____

If needed for your child, will you be providing the staff of the camp with your child's prescribed medication(s) and/or treatment(s) (e.g.: inhaler, EPI pen, etc.)? YES NO

If yes, what will be provided to the staff? _____

Other than what may be indicated above, does your child have any conditions that may be affected/exacerbated by exercise (if yes, please explain)? YES NO

I _____ (Guardian) give permission for _____ (Camper), under my care and authority, to attend and partake in all activities encompassing ROAR Kids Camp; put on and hosted by Community Bible Church.

Precautions are taken for the safety and health of your child; but in the event of accident or sickness, *Community Bible Church*, leadership, staff, and volunteers are hereby released from any liability.

In the event that your child requires First Aid, assistance with non-prescription or prescription medication, or the application of sunscreen lotion, I hereby give permission to *Community Bible Church* leaders to administer treatment as necessary.

In the event that your child requires special medication, x-rays, or treatment, the parents/guardians will be notified immediately.

In the case of medical emergency, I hereby give permission to the physician selected by *Community Bible Church* to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. *Community Bible Church* will not be held financially liable for treatment or transportation costs.

I give permission to have my child photographed or video recorded during events for camp purposes.

I affirm that I have read and accept the above items in this release form. I also give consent for the attendance and transportation of my child to any event related to ROAR Kids Camp with proper additional permission forms (ie. special field trips) or activity sponsored by *Community Bible Church*. Should it be necessary for my child to return home for medical reasons, disciplinary actions or otherwise, I will assume all transportation costs.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date (MM/DD/YYYY)

Original to be filed at church office. Copy to be taken to all events and programs.