

YFCamp @ Camp Geneva - 2011

CAMPER'S NAME		BIRTHDATE (MONTH/DAY/YEAR)	<input type="checkbox"/> M <input type="checkbox"/> F	EMERGENCY CONTACT (IF UNABLE TO REACH PARENT)
NAME OF PARENT(S) OR GUARDIAN(S) (WITH WHOM THE CHILD RESIDES)		PARENT(S) HOME PHONE	DAD'S DAYTIME PHONE	MOM'S DAYTIME PHONE
ADDRESS		CITY	STATE	ZIP
DAD'S CELL PHONE		MOM'S CELL PHONE		RELATIONSHIP TO CAMPER

COVENANT OF SAFETY

Camp Geneva (GENEVA) wants you to have a safe and enjoyable time while you are at camp, but being safe comes from a partnership between the camp and the camper. GENEVA will attempt to provide a safe environment for the camp activities and you need to understand there are risks involved and that you are responsible to follow the rules and directions. Please review the information below and sign that you agree to this covenant of safety.

CAMPER AGREEMENT

I WILL ASSUME THE RISKS OF CAMP: I know that GENEVA uses many activities as part of its programs in order to build relationships and talk about faith. I understand that there will be some risks with any activity, whether because of something I do or the actions of others, even if it is properly supervised. I still want to participate in these activities and I will assume all the risks that come from the activities and programs of GENEVA. I also understand that I do not have to participate in these activities if I choose not to.

I WILL FOLLOW ALL INSTRUCTIONS: I understand that GENEVA will provide the necessary safety equipment and trained staff to supervise my participation in these activities. I agree to use equipment as directed and to observe all rules and guidelines for participating as directed by GENEVA staff. I also agree that if I don't follow those instructions, GENEVA staff can prevent my participation in these activities.

CAMPERS SIGNATURE REQUIRED

CAMPERS SIGNATURE (REQUIRED)	DATE
------------------------------	------

PARENT/GUARDIAN AGREEMENT

FITNESS TO PARTICIPATE: I affirm that the above camper has no physical, emotional, or mental condition that would affect or be affected by these activities of camp. Any treatment he or she has had for these conditions has been disclosed in this Health Record, and I will yield to GENEVA's final judgment as to whether he/she should participate.

INSURANCE COVERAGE: Should the camper be injured in an accident which comes as a result of GENEVA's negligence or liability, I understand that the GENEVA insurance policy will pick up where my personal policy leaves off after all deductibles in my policy have been met. I understand that illness and sickness are not covered and any outside charges incurred related to illness will be billed to me.

PERMISSIONS: In signing this document, I hereby certify that the information contained in this Health Record is correct and give the following permissions:

- * For my child to engage in all prescribed camp activities unless indicated in this Health Record.
- * For the use of photographs including my son or daughter to be used in camp publicity.
- * For my child to be transported in GENEVA-owned vehicles for approved out-of-camp activities.
- * For the release of medical records in case of illness or injury.
- * For the camp nurse to administer routine non-emergency medical care for my child.
- * In the event I cannot be reached, I hereby give permission to the physician selected by the GENEVA staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

HIPAA PERMISSION TO DISCLOSE INFORMATION: In signing this document, I hereby give my permission for GENEVA to disclose any of the physical/cognitive/behavioral conditions indicated on this form to the lifeguard, coordinator, and/or my child's counselor as necessary for my child's welfare unless I notify GENEVA otherwise.

PARENT/GUARDIAN'S SIGNATURE REQUIRED

PARENT/GUARDIAN'S SIGNATURE (REQUIRED)	DATE
--	------

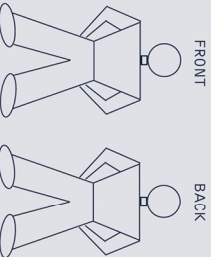
FOR GENEVA STAFF USE ONLY

HEALTH SIGNATURE FORM TO BE COMPLETED BY WATERFRONT COORDINATOR AND NURSE WITHIN 24 HOURS OF CAMPER'S ARRIVAL

- CAMPER DEMONSTRATED SUFFICIENT SWIMMING SKILL TO PASS SWIMMING TEST
- CAMPER DOES NOT SWIM
- CAMPER DID NOT PASS SWIMMING TEST; RESTRICTED TO SHALLOW END OF POOL
- CAMPER RETESTED AND PASSED RETEST

CAMP NURSE SIGNATURE _____

WATERFRONT COORDINATOR SIGNATURE _____



HEALTH CONDITIONS

PLEASE CHECK ALL THAT APPLY

- Overall Good Health
 - COGNITIVE/EMOTIONAL CONDITIONS
 - BEHAVIORAL CONDITIONS
 - HEALTH OR PHYSICAL CONDITIONS THAT MAKE PARTICIPATION RISKY OR DIFFICULT (I.E. ORTHOPEDIC PROBLEMS, BACK OR NECK INJURY, SHUNT, HEARING OR VISION LIMITATIONS)
- IF YOU CHECKED ANY OF THESE CONDITIONS, PLEASE EXPLAIN:

- CHRONIC/RECURRING ILLNESS
- CURRENT INFECTIOUS DISEASE
- RECENT INJURIES

IF YOU CHECKED ANY OF THESE CONDITIONS, PLEASE EXPLAIN:

DIETARY NEEDS FOOD PREFERENCES ALLERGIES

- VEGETARIAN
- VEGAN
- DAIRY/LACTOSE
- GLUTEN-FREE
- FOOD ALLERGY (PLEASE SPECIFY) _____
- BEE ALLERGY
- DRUG (PLEASE SPECIFY) _____
- OTHER _____

IMMUNIZATIONS

- HAVE YOU HAD A TETANUS SHOT IN THE LAST 10 YEARS? YES NO
- HAVE YOU HAD 2 DOSES OF THE MMR VACCINE? YES NO
- HAVE YOU HAD THE 3 HEPATITIS B IMMUNIZATIONS? YES NO

PHYSICIAN & HEALTH INSURANCE INFORMATION

IF NONE, PLEASE WRITE "NONE"

FAMILY PHYSICIAN			
PHYSICIAN'S PHONE	()	
HEALTH INSURANCE CO.			
INSURANCE CONTRACT #			

PRESCRIPTION MEDICATIONS

PLEASE LIST	
-------------	--

OVER-THE-COUNTER MEDICATIONS

MAY THE NURSE ADMINISTER OVER-THE-COUNTER MEDICATIONS IF NEEDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXCEPTIONS:	

YOUTH FOR CHRIST/USA, INC. – PARENTAL CONSENT AND RELEASE OF LIABILITY
For Use at YFCamp 2011

1. RELEASE OF LIABILITY

I understand that the opportunity to attend YOUTH FOR CHRIST/USA, INC. activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in YOUTH FOR CHRIST/USA, INC. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives YOUTH FOR CHRIST/USA, INC. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YOUTH FOR CHRIST/USA, INC. activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all YOUTH FOR CHRIST/USA, INC. activities.

3. MEDIA RELEASE

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH FOR CHRIST/USA, INC.

4. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR CHRIST/USA, INC. will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

5. MEDICATION INFORMATION

Any medication brought to camp must be accompanied by written instructions from a physician/parent. All prescriptions must be brought to camp in the original container in which they were issued (with medical instructions, dosage information, etc.).

Participant Name: _____ **Participant Signature:** _____ **Date** _____

Parent or Legal Guardian Signature _____ **Date** _____