



Participant Form

Group Leaders: Bring ONE notarized copy of this sheet to registration and keep a photocopy for yourself to have with you in case of emergency at camp. Attach a photocopy of insurance form or card.

Church Information:

CentriKid Venue: _____ Name of Church: _____
Group Leader: _____ Group Leader's cell # at camp: (____) _____
Church Address: _____ City: _____ ST: _____ ZIP: _____

Camper's Info:

Participant Name _____ Age _____ Date of Birth: ___/___/___
Address: _____ City: _____ ST _____ ZIP _____
In case of an emergency notify: _____ Relationship to camper: _____
Phone Numbers - Home: (____) _____ Work: (____) _____
Mobile: (____) _____ Other: (____) _____

Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis
Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

List any any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone: (____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the CentriKid Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature: _____ Date: ___/___/___

Parent/ Guardian Signature: _____ Phone: () _____ Date: ___/___/___

Notary Acknowledgement:

State of _____ County of _____

On _____ before me, _____, Notary Public, personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature:

My commission expires: _____