

Liability Release/Medical Treatment Authorization

I understand by signing this release form, I am assuming such risks that are both known and unknown to my child at this time. I further release Parkway Christian Center, its trustees, employees, rental facilities, including its trustees, employees and agents from any claim that I may have against them as a result of physical injury or illness during my child's participation in the camping activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assigns may present against Parkway Christian Center, employees, rental facilities, including its trustees, employees and agents. A claim may be based upon the sole and exclusive negligence of Parkway Christian Center, employees, rental facilities, including its trustees, employees and agents, harmless from liability resulting from my child's participation in camp activities, including reasonable attorney's fees.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the first aid personnel to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I also give permission to the first aid personnel to release pre-prescribed medication and non-prescribed medication such as aspirin. I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the adult supervisors reserve the right to restrict my child from any activity they feel is not within my child's physical capabilities.

Family Insurance Information

Policy Holder's Name: _____

Family Physician: _____ Dr. Phone: _____

Family Medical Insurance Company: _____

Medical Policy #: _____

Discipline/Property Damage

I understand that Parkway Christian Center and the facilities where activities will be taking place make rules and guidelines that my child will abide by while attending any church event. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the church, off-campus facilities, or to personal property belonging to another individual.

I acknowledge that by signing this document I have thoroughly read the contents of this release and agree to the terms stated in each area. The information I have completed is accurate to the best of my knowledge.

Signature of Parent/Legal Guardian _____

Date _____

For Office Use Only:

Paid: Check (# _____) Cash Date Received: _____
Amount paid upon registration: \$ _____ Balance Due: \$ _____



**winter camp for
grades 1st-5th
february 26-28
cost: \$90**

WHAT TO KNOW...

- **All registration monies are due in full by February 22, 2010** and must be accompanied by the completed registration form which must be signed by a parent or guardian.
- All **prescription medications** must be turned in when you arrive at the church on Friday, February 26. Please include clear instructions on dosage and times. The medication must be in the original bottle. Please send only the amount your child will need for the camp.
- **Activities** include outdoor games, mud football, Frisbee golf, cup stacking, climbing wall, crafts, ping-pong, foosball, Karaoke Night, inflatables and more. All of these activities are optional electives—the kids will choose which activities they want to participate in.
- Here's **what you need to bring**: Bible, notepad, 3 complete changes of warm clothes, play clothes and shoes for outdoor games (may get wet or muddy), toothbrush & paste (please!!!), soap, towels, sleeping bag & pillow, attitude of worship, cheerful heart, spending money for offering and the Snack Shack.
- **What not to bring**: iPods, MP3 players, Gameboys (or any other video game devices), knives, junk food, bad attitudes or the flu.
- **Meet** at the church at 12:00 p.m. on Friday, February 26. (There is school that day, so you will have to get out early.)
- **Dinner will be served** on Friday evening.
- We will **return** to the church on Sunday, February, by 4 p.m.



MEDICAL INFORMATION & CONSENT FORM

CONFIDENTIAL

General Information (please print)

Child's Name _____ Date of Birth _____

Gender _____ Age _____ Grade _____

Parent's Name _____

Address _____

Home Phone _____ Day Phone _____

Church Name _____

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in **Kids' Winter Camp** of the Children's Ministry Department **February 26—February 28, 2010**.

Medical Information

Does your child have (or has ever had) any of the following: (circle & explain):

Heart Trouble *Diabetes* Lung Trouble *Skin Problems* Ear Problems
Asthma Sinus Infection _____

Date of last Tetanus shot: _____

Is your child allergic to any type of medication? Yes No (if yes, please explain) _____

Does your child have any other allergies? Yes No (if yes, please explain) _____

List all medications that camper may be taking: _____

Dosage: _____ Pharmacist Phone # _____

All medication camper is presently taking (including over the counter) must be in original bottle from pharmacy indicating dosage, intervals and participant's name. **Note: Please check your child for nits or lice before leaving for the event. No child can be permitted to remain at the event if these are present.**

List any activities for health reasons your child cannot be involved in: _____