



YOUTH AMERICA SUMMER CAMP

Camper Information & Medical Release Form

If this form is not filled out completely or legibly, accommodations cannot be guaranteed.

Church Information

Church Name: _____
Youth Pastor Name: _____ Senior Pastor Name: _____

Camper Information

First & Last Name: _____ Birthday (MM/DD/YYYY): _____
 Middle School High School College Age Leader Pastor
Grade you will have just completed during camp: _____ Gender: M F
Cell Phone: _____ Email: _____
Is this Your First Time at Youth America Summer Camp?: Yes No

Parent Information

Parent First & Last Name: _____ Parent Email: _____
Parent Cell Phone: _____ Parent Cell Phone: _____

Medical Information

Emergency Contact Name & Relationship: _____
Emergency Contact Cell Phone: _____
List any diseases/physical limitations of any kind: _____

Restricted Activities: _____

Allergies (Food, Medical, Insects, Etc.): _____

Does Student Have an EpiPen? Yes No
Family Physician: _____ Physician Phone: _____
Family Medical Insurance Carrier: _____ Policy Number: _____

Medications

Medication 1: _____ Purpose: _____
Dosage, Frequency Taken, Time of Day Taken: _____
Medication 2: _____ Purpose: _____
Dosage, Frequency Taken, Time of Day Taken: _____
Medication 3: _____ Purpose: _____
Dosage, Frequency Taken, Time of Day Taken: _____
Medication 4: _____ Purpose: _____
Dosage, Frequency Taken, Time of Day Taken: _____

Release & Signature

In consideration for being accepted by (parent/guardian) _____ for participation in Youth America’s Summer Camp, we (I) being 18 years or older, do for ourselves (myself) and for and on behalf of our (my) child-participant, if said child is not 18 years of age or older do hereby release, forever discharge, and agree to hold harmless Church of the Harvest of America, Inc. and the directors thereof from any and all liability, claims, discovered now or in the future, or demands for personal injury, emotional illness, sickness or death, including those injuries that could not be foreseen or were not foreseeable, as well as 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 above described trip or activity. Furthermore, we (I) and on behalf of our (my) child-participant if under the age of 18 years, hereby assume all risk, whether known or unknown, foreseeable of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parents or legal guardians of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills. Further, should it be necessary for participant to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to resolve the matter through a mutually acceptable arbitration process.

Signature of Parent/Guardian/Adult Camper _____

Print Name _____ **Date:** _____

YOUTH AMERICA FINANCIAL POLICIES, ABBREVIATED

Full policies are detailed online at <http://youthamerica.org>

- **ALL \$50 DEPOSITS are non-refundable and non-transferrable**
- **CANCELLATIONS** must be submitted to Youth America **by your Church** 3 weeks prior to arrival at camp in order to receive any eligible refunds on remaining balances.