

FURTHER, AUTHORIZATION AND PERMISSION IS HEREBY GIVEN TO SAID ORGANIZATION TO FURNISH ANY NECESSARY TRANSPORTATION, FOOD AND LODGING FOR THIS PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO HOLD HARMLESS AND INDEMNIFY SAID ORGANIZATION, ITS DIRECTORS, EMPLOYEES AND AGENTS, FOR ANY LIABILITY SUSTAINED BY SAID ORGANIZATION AS THE RESULT OF THE NEGLIGENT, WILLFUL OR INTENTIONAL ACTS OF SAID PARTICIPANT, INCLUDING EXPENSES INCURRED ATTENDANT THERETO.

(Only participant needs to sign if 19 years of age or older. If participant is under 19, both parents must sign, unless parents are separated or divorced, in which case the custodial parent must sign.)

PARTICIPANT (IF 19 OR OLDER)

PARENT / LEGAL GUARDIAN / NEXT OF KIN

DATE

MEDIA RELEASE

IN CONSIDERATION OF THE RIGHT OF CAMPER TO PARTICIPATE IN ACTIVITIES OF THE GULF MISSION CENTER AND THE ALABAMA-NORTHWEST FLORIDA MISSION CENTER, COMMUNITY OF CHRIST, I/WE HEREBY GIVE MY CONSENT AND AUTHORIZE THE COMMUNITY OF CHRIST, ITS SUCCESSORS, HEIRS, LEGAL REPRESENTATIVES, ASSIGNS AND AGENTS TO USE AND REPRODUCE PARTICIPANT'S NAME, VOICE AND/OR LIKENESS (PHOTOGRAPHIC, ILLUSTRATIVE, AUDIO OR VIDEO TAPE, FILM OR ELECTRONIC AND/OR DIGITAL IMAGE), AND CIRCULATE AND USE THE SAME FOR ANY AND ALL OFFICIAL RESOURCE, USE OR PURPOSE INCLUDING BUT NOT LIMITED TO PRINT, FILM, OR ELECTRONIC MEDIA AND REPRODUCTION OR DIGITAL REPRESENTATION OF EVERY DESCRIPTION ON THE INTERNET/WORLD WIDE WEB. CONSIDERATION IS HEREBY WAIVED IN PERPETUITY, AND NO FURTHER CLAIM OF ANY NATURE WHATSOEVER SHALL BE MADE BY ME, MY HEIRS OR ASSIGNS. THE COMMUNITY OF CHRIST HAS MADE NO REPRESENTATIONS CONCERNING THE USE HEREOF TO ME

PARTICIPANT (IF 19 OR OLDER)

PARENT / LEGAL GUARDIAN / NEXT OF KIN

DATE

DRESS CODE:

The Camping Committee, in its efforts to be true to the mission of youth camps as Christian events, has developed a Dress Code that will help to ensure that all participants feel welcome and safe during the week.

Unacceptable clothing:

- Any clothing promoting consumption of alcohol, tobacco or illegal drugs.
- Any clothing promoting companies that produce or promote consumption of alcohol or tobacco.
- Any clothing that explicitly or implicitly promotes racism, sexism or hatred of any group of persons.
- Any clothing that explicitly or implicitly promotes or refers to sexual actions or situations (e.g. Big Johnson shirts, Coed Naked shirts, etc.)
- Any clothing that promotes winning at all costs (e.g. "Second place is another name for first loser").
- Any clothing staff and campers would not wear to other Christian events.

While we recognize that often the heat of summer, as well as participation in activities, may cause excessive perspiration, we do expect that staff and participants will wear shirts.

We expect staff and youth to wear shoes for their safety.

We would like to invite youth and their parents to join with us as leaders in monitoring, first and foremost, yourself and your own children to ensure they are dressing appropriately. It is not our intention that this policy usurps the director's authority to hold the participants and staff members to an even higher standard of dress or conduct at this Christian event.

PARTICIPANT

PARENT / LEGAL GUARDIAN / NEXT OF KIN

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Some camps may offer a t-shirt as a souvenir from the camping experience. Please indicate a shirt size below.

Youth Small ____ Youth Medium ____ Youth Large ____ Adult Small ____ Adult Medium ____ Adult Large ____

Adult X-Large ____ Adult XX-Large ____ Adult XXX-Large ____ (if available)

6) Health Insurance Company: _____ Phone: _____

Policy Holder's Name: _____

Address: _____

Group Number _____ Policy Number _____

****Please attach a copy of your insurance card, front and back****

7) Does youth have or has youth had any of the following conditions? Please circle "yes" or "no".
If "yes" is circled, please list approximate date of last occurrence.

ASTHMA	NO	YES	DATE _____	DIABETES	NO	YES	DATE _____
BRONCHITIS	NO	YES	DATE _____	TUBERCULOSIS	NO	YES	DATE _____
RHEUMATIC FEVER	NO	YES	DATE _____	KIDNEY TROUBLE	NO	YES	DATE _____
HEPATITIS	NO	YES	DATE _____	MUMPS	NO	YES	DATE _____
SCARLET FEVER	NO	YES	DATE _____	HEART MURMUR	NO	YES	DATE _____
APPENDICITIS	NO	YES	DATE _____	CHICKEN POX	NO	YES	DATE _____
PNEUMONIA	NO	YES	DATE _____	FREQUENT COLDS	NO	YES	DATE _____
EPILEPSY	NO	YES	DATE _____	SORE THROAT	NO	YES	DATE _____
ANEMIA	NO	YES	DATE _____	SINUSITIS	NO	YES	DATE _____
MEASLES	NO	YES	DATE _____	FRACTURES	NO	YES	DATE _____
HEART TROUBLE	NO	YES	DATE _____				
WHOOPING COUGH	NO	YES	DATE _____	TYPE OF FRACTURE: _____			

8) Operations or serious injuries (describe and give dates) _____

9) Date of last tetanus booster: _____

10) Has youth recently been exposed to a contagious disease? If yes, please describe. If no, so state.

12) Does youth have any medical, emotional, or psychological problems, or other physical restrictions?

(If yes, please describe. If no, so state.) _____

PERMISSION FOR MEDICAL TREATMENT:

I, the undersigned, being the parent, legal guardian, or next of kin of _____ hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during any required medical treatment (physician, hospital, x-ray, drugs, ambulance, etc).

PARENT / LEGAL GUARDIAN / NEXT OF KIN

DATE

MEDICAL INFORMATION RELEASE

THE HEALTH INSURANCE PORTABILITY AND ACCESSIBILITY ACT (HIPAA) ESTABLISHES STRICT RULES REGARDING THE CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION FOR PERSONS RECEIVING MEDICAL TREATMENT. I HEREBY AUTHORIZE COUNSELORS, DOCTORS, NURSES OR ADMINISTRATORS OF THE GULF MISSION CENTER AND THE ALABAMA-NORTHWEST FLORIDA MISSION CENTER, COMMUNITY OF CHRIST, TO RELEASE ANY INFORMATION CONCERNING INJURIES, ILLNESSES OR OTHER PROTECTED HEALTH INFORMATION (PHI) TO APPROPRIATE PERSONS, INCLUDING BUT NOT LIMITED TO EACH OTHER, MY PARENTS, HEALTH CARE PROVIDERS OR OTHER AUTHORIZED RECIPIENTS, AND HEREBY WAIVE, RELEASE AND RELINQUISH ANY AND ALL CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST THE COMMUNITY OF CHRIST, ITS OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, FOR DAMAGES RELATED TO VIOLATIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCESSIBILITY ACT (HIPAA).

LIABILITY RELEASE

THE UNDERSIGNED PARENT, LEGAL GUARDIAN, NEXT OF KIN, OR PARTICIPANT ACKNOWLEDGES THAT, EVEN THOUGH EVERY EFFORT IS MADE TO PROVIDE A SAFE, ACCIDENT-FREE ENVIRONMENT, INCIDENTS MAY OCCUR.

IN CONSIDERATION FOR BEING ACCEPTED BY THE GULF MISSION CENTER AND THE ALABAMA-NORTHWEST FLORIDA MISSION CENTER, COMMUNITY OF CHRIST, FOR PARTICIPATION IN THIS EVENT, WE (I) BEING 19 YEARS OF AGE, DO FOR OURSELVES (MYSELF) (AND ON BEHALF OF MY CHILD-PARTICIPANT, IF SAID CHILD IS NOT 19 YEARS OF AGE OR OLDER) HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS THE AFOREMENTIONED MISSION CENTER, THE COMMUNITY OF CHRIST, AND THE DIRECTORS THEREOF, FROM ANY AND ALL LIABILITY, CLAIMS, OR DEMANDS FOR PERSONAL INJURY, SICKNESS OR DEATH, AS WELL AS PROPERTY DAMAGE EXPENSES OF ANY NATURE WHATSOEVER WHICH MAY BE INCURRED BY THE UNDERSIGNED AND THE CHILD-PARTICIPANT THAT OCCUR WHILE SAID CHILD IS PARTICIPATING IN THE ABOVE DESCRIBED TRIP OR ACTIVITY.

FURTHERMORE, WE (I) (AND ON BEHALF OF OUR (MY) CHILD-PARTICIPANT IF UNDER THE AGE OF 19 YEARS) HEREBY ASSUME ALL RISK OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGE AND EXPENSE AS A RESULT OF PARTICIPATION IN RECREATION AND WORK ACTIVITIES INVOLVED THEREIN.

**ALABAMA-NORTHWEST FLORIDA MISSION CENTER
GULF MISSION CENTER
2010 YOUTH EVENT REGISTRATION FORM**

EVENT: (please check only one event per registration form)

- | | |
|--|---|
| <input type="checkbox"/> Junior Camp (Bluff Springs) | <input type="checkbox"/> Wilderness Camp (Bluff Springs) |
| <input type="checkbox"/> Junior High Camp (Bluff Springs) | <input type="checkbox"/> Senior High Camp (Bluff Springs) |
| <input type="checkbox"/> Sr. High New Year's Retreat (Bluff Springs) | |

PARTICIPANT INFORMATION:

Name _____ Sex: Male Female

Age: _____ Grade Completed in School: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Roommate Preference: _____

Congregation/Church: _____ City & State: _____

Name of Parent/Legal Guardian/Next of Kin _____

Address: _____ City & State: _____ Zip: _____

Phone Number: _____ Work Phone: _____

Place of Employment: _____

Additional Parent/Legal Guardian/Next of Kin: _____

Phone Number: _____ Work Phone: _____

THE ONLY PERSONS OTHER THAN THE PARENTS TO WHOM THE CHILD MAY BE RELEASED:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

MEDICAL HISTORY:

1) Allergies to foods, medications, etc. (If none, so state): _____

2) Is youth presently under a physician's care for any acute or chronic medical conditions? (If none, so state): _____

3) Does youth carry medications on person? (If none, so state): _____

Medication(s): _____

Purpose: _____

4) Does youth require prescription medications? (If none, so state): _____

Medication(s): _____

Purpose: _____

*****ALL MEDICATIONS MUST BE IN THE ORIGINAL BOTTLE. PRESCRIPTIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE, WITH THE DOSEAGE INSTRUCTIONS ATTACHED.**

5) Family Physician: _____ Phone: _____

Office Address: _____