

# KAMP-KZ 2018

CHILD NAME \_\_\_\_\_

CHURCH NAME \_\_\_\_\_

LEADER/CONTACT PERSON: \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE FORM- Return to Christian Retreat

I hereby give my approval for my child to attend and participate in ALL ACTIVITIES including swimming, canoeing, pedestal joust, sports challenge, door to door (including outreach & transportation to and from), extreme obstacle course, water slide, ropes course, and tethered hot air balloon ride. I understand that the staff of KAMP-KZ has laid out guidelines, I, the parent or guardian, will be glad to come and get my child or make arrangements for my child to return home immediately if guidelines are not followed.

By my signature on this form, I hereby release Christian Retreat/Gospel Crusade, Inc, (GCI), employees of GCI, KAMP-KZ and any volunteer staff or workers of GCI from any liability resulting from injury to the minor listed on this form. I authorize the adult sponsors to approve of any medical procedures that may be required in case of accident or injury. I release any medical facility from liability resulting in treatment of the minor listed or myself.

I give my permission for the use of video or pictures of my child taken during the service or activity times at KAMP-KZ for publicity purposes. If you do not want your child photographed, please check the following box and you MUST include a recent photo of your child. If we do not have a photo we can not insure they will not be photographed.  NO PHOTOS PLEASE

### EMERGENCY MEDICAL INFORMATION

List any physical or mental limitation: \_\_\_\_\_

List any medications which will accompany your child to camp: \_\_\_\_\_

List any medical conditions to be aware of: \_\_\_\_\_

List any medications allergic to: \_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Phone #'s: \_\_\_\_\_

**Please Note: Registrations will not be accepted without all information completed in full.**

Notary:

\_\_\_\_\_ appeared before me on \_\_\_\_\_ day of \_\_\_\_\_ 2018.

\_\_\_\_\_ is personally known or presented \_\_\_\_\_ as ID.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Date of expiration of Notary \_\_\_\_\_