



Registration Form

RE: Elbethel Youth Camp
August 15th – 19th 2022

Registrant Name: _____

Registrant Birth Date: _____

Street Address: _____

Primary Phone Number: _____

Email: _____

Home Church: _____

Pastor: _____

MEDICAL INFORMATION

Information provided on this form will be kept strictly confidential

Health Card #: _____

OTHER:

Please list any allergies to drugs, foods, plants, insects, etc: _____

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures): _____

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child: _____

Please list any additional information relevant to participating in youth activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; mental health concerns, learning disabilities, any restrictions, etc.): _____

Note: *Your child's medical information is confidential and in no way shall be distributed or passed on to third parties except medical professionals.*

By signing below, I give permission for my child (named above) to attend the **Elbethel Youth Camp**. I am agreeing to the Medical Release, Custody Release and Liability Waiver.

Medical Release

In the event of an emergency and I am unable to respond, I authorize the leaders or staff of Elbethel Bible Camp, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/dental treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of treatment.

Custody Release

I further authorize the leaders of the Amazing Grace Baptist Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Liability Waiver

I release Elbethel Bible Camp and or Amazing Grace Baptist Church from any liability in the event of injury or death of the named registrant. I will not sue, seek financial compensation, or bring any legal action against them in this event.

Parent or Guardian (Print & Sign): _____

Parent or Guardian (Print & Sign): _____

Date: _____

By signing below, I agree:

- To behave always in a way that brings honor to Christ, the church, and my family. (Phil 1:27)
- To follow instructions from adult supervisors without complaining or arguing. (Phil 2:14)
- To be considerate of others and always display appropriate manners to all people. (1Pe. 2:13)
- **To adhere to the dress code as laid out in the rules and regulations.**
- To follow additional rules and instructions that are specific to Elbethel Youth Camp.

Registrant (Print & Sign): _____

Date: _____