

Camp Conqueror's Registration Form



Camper's Last Name: _____ First Name: _____

Male Female DATE OF BIRTH ___ / ___ / ___ Age: _____ School: _____

HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ / _____ / _____ / _____
Street Number City/Town State Zip

Shirt Size _____

IN CASE OF AN EMERGENCY, CALL PERSON LISTED BELOW:

NAME _____

RELATIONSHIP _____

PHONE _____

CELL PHONE _____

Who is authorized to pickup my child from camp:

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

PHONE _____

PHONE _____

CELL PHONE _____

CELL PHONE _____

I also authorize Emmanuel Baptist Temple/Emmanuel Christian School to transport my child to and from activities that may take place away from Emmanuel Baptist Temple/Emmanuel Christian School and out of the state of Maryland. This release will also cover risks associated with vehicular accidents.

Signature _____ Date _____

Checks are to be made payable to Emmanuel Baptist Temple.

Received by _____ Amount _____ Cash/Check# _____ Date _____

WAIVER OF LIABILITY:

Students name: _____

I give permission for my above-named student to participate in **Emmanuel Christian School's Summer Camp Program 2019**. I recognize that participation in an event of this nature may involve recreational, athletic, sport-ing, interaction with other students and adults, or other activities (including, but not limited to: practices, scrimmages, games, consumption of snacks/pizza/hot dogs/hamburgers).

These activities may be hazardous or dangerous. I voluntarily elect to participate in the activities and assume the risks of injury or harm that might result from participation. I recognize that such activities may cause injury. Therefore, I am, for my student, myself, my heirs, executor and/or administrator, remising and releasing and for-ever discharging the Emmanuel Baptist Temple/Emmanuel Christian School of Hagerstown, Maryland and all of its af-filiated entities, officers, agents, servants, volunteers, and employees, acting officially or otherwise, from any and all injury to me (or my minor), damage (including property damage to any of my belongings), loss or death which may oc-cur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others in any or related activities sponsored in whole or in part by the Emmanuel Baptist Temple/Emmanuel Christian School.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Camper: _____

CONSENT TO TREAT:

Being the parent or legal guardian of _____ whose birth date is _____, I _____ do consent to any x-ray, anesthetic, medi-cal, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader avail-able, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the healthcare decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

PERSONAL HEALTH INSURANCE COMPANY: _____

PHONE# _____ Policy# _____

Names of PARENTS or LEGAL GUARDIANS Phone Signature

Name of ALTERNATE PERSON to contact in case of Emergency Phone

Please list any medical or physical limitations below. Include allergies to medication and food.

Medical and/or physical limitations: _____

Allergies to medicine and/or food: _____
