

Activity: Camp LivingStones Project

Date(s): March 20-26, 2010

Sponsoring Organization: Fellowship Bible Church of Northwest Arkansas

*Permission of parent is essential in order for a minor to participate. The following **MUST** be completed.*

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness, injury, or accident, and agree to hold Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of Fellowship Bible Church to administer medical treatment or medical assistance to my child at any time, should it be necessary. Further, I give Fellowship Bible Church permission to use my child's photo/video in any of their publications or website. No information will be given out about my child to other entities outside of Fellowship.

Parent/Guardian Signature

Date

(Please Print)

Name of Participant: _____ Age: _____

Birthdate: ____/____/____ School: _____ Grade: _____ Male: _____ Female: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent/Guardian Work Phone: _____

Name of Alternate Contact in Case of Emergency: _____

Relationship: _____ Emergency Contact's Phone: _____

Medical Insurance Company: _____

Contract/Policy #: _____

<Please include a copy of the front and back of your insurance card>

Previous Surgery(ies): _____

Taking Medication: No _____ Yes _____, Name of Medication: _____

Asthma: No _____ Yes _____, Current Treatment: _____

Allergies: No _____ Yes _____, Current Treatment: _____

Special Needs: _____

Waiver, Release, and Hold Harmless Agreement

I know that participating in Camp Living Stones' adventure programs can be potentially hazardous in nature. I assume all risks associated with participating in the adventure activities, including, but not limited to, broken bones, paralysis, and death, all risks being known and assumed by me. Having read this waiver and release and knowing these facts and in consideration of my participation in the adventure activities, I for myself, and anyone entitled to act on my behalf, waive and release Camp Living Stones, Incorporated, their Board of Directors, Officers, and successors from all claims and liabilities arising out of my participation in the adventure activities. I furthermore agree to hold the foregoing parties harmless from any injury that might result from my participation. I grant my permission to the foregoing parties to use any photographs, motion picture, recordings or any other record of this event for any legitimate purpose.

Date

Camp Dates

Phone Number

Participant with: (Church/Organization attending)

Home Address

Participant's Name (Print)

Participant's signature

Parent/Guardian signature (In addition to child's signature)

PLEASE FILL OUT COMPLETELY

MEDICAL INFORMATION

Name _____
Last First

Participant with: (Church/Organization attending)

Birth date _____ Sex _____ Age _____

Parents/Guardian _____

Address _____
City State Zip

Emergency No./Work Phone _____ / _____

Physician's Name _____ Phone () _____

Health Insurance Co. & Address _____

Policy No. _____

Health Problems/Special Needs _____

Drug/Food Allergies _____

Polio Vaccine Current Y / N Last Tetanus Shot _____

Regular Medication _____

Activity Restriction _____

PARENTS: *Please read, sign, and date the following:* Our insurance coverage is a secondary carrier. Our campers' insurance begins where yours terminates. It is only valid when your policy has been extended to its limits. In the event that you have no personal or organizational policy, our policy will provide you with complete coverage within its limits subject to policy provisions. Please provide us with the name of your health insurance carrier and your policy number in the event of a hospital visit.

"IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above."

Signature _____ Date _____

IMPORTANT: Please notify the camp if child has a communicable disease.
If applicable, please photocopy insurance card and submit with this sheet.