

# MEDICAL/PHOTO/OFF-CAMPUS AND VIDEO PERMISSION RELEASE FORM

\* Bring original and a copy of this sheet for each student and adult participant to registration. \*

\* Please attach a photocopy of each participant's insurance card. \*

**PLEASE PRINT**

Name of Church: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F Counselor: Y N

Age: \_\_\_\_\_ Grade Entering (Fall 2011) 7, 8, 9, 10, 11, 12, College: \_\_\_\_\_

T-Shirt Size (adult only): S M L XL XXL XXXL XXXL

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_



## MEDICAL HISTORY & INSURANCE INFORMATION

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Please attach a photocopy of participant's insurance card. Date of last Tetanus: \_\_\_\_\_

Check all that apply: Allergies: (food, drugs, insect stings/bites, etc.) \_\_\_\_\_

Asthma \_\_\_\_\_

Sinusitis \_\_\_\_\_

Kidney Trouble Previous Operations or serious illnesses: \_\_\_\_\_

Heart Trouble Any current medications you are taking (list): \_\_\_\_\_

Diabetes \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

## PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, OFF-CAMPUS RELEASE AND INDEMNITY


My permission is granted for the Cross Camp staff, or church official, or any Cross Camp leader or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my camper.

Also, I understand that as a participant, my child may be photographed or videotaped during normal Cross Camp activities and these photos/videos may be used in promotional materials. Lastly, I understand that as a participant, my child, with my permission, may attend off-campus mission opportunities in the local community with camp leaders and other students. *(Option to decline off campus participation for your child below)*

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Cross Camp, Inc. and all sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Cross Camp.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodial Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLINE OFF CAMPUS PARTICIPATION BY SIGNING HERE**  Parent/Custodial Signature: \_\_\_\_\_

## NOTARY PUBLIC

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires \_\_\_\_\_ Signed: \_\_\_\_\_