

# YOUTH CAMPERS (17 years & Younger)

## 20\_\_ Falls Creek Baptist Indian Assembly Release Form

Full week registration fees:     6 yrs and younger = \$15     7 yrs & older = \$55

Church Group \_\_\_\_\_ Cabin \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Tribe(s) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

1. Do you have any known allergies or unable to take any medications?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, list medication(s)? \_\_\_\_\_

2. Do you presently take any medications regularly?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, please list the medication(s) and purpose. \_\_\_\_\_

*(Use back of form if needed.)*

3. List any other medical condition(s) that would be helpful to the medical staff. \_\_\_\_\_

4. Date of last tetanus immunization \_\_\_\_\_

The above named child has current medical insurance coverage through:

Insurance Company \_\_\_\_\_

Name on Insurance Policy \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_ Policy No. \_\_\_\_\_

Does this insurance company require notification prior to emergency health care at a hospital?    Yes / No

If yes, please provide the phone number. \_\_\_\_\_

It is the responsibility of your child's church sponsor to obtain this insurance permission for treatment.

My child, \_\_\_\_\_, will be attending Falls Creek Baptist Indian Assembly during the summer session 2008. I understand that Falls Creek Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). I (\_\_\_ will / \_\_\_ will not ) be attending the camp with my child. In the event that my child should need emergency medical care or attention, BGCO and/or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professionals.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, the BGCO is not responsible for the action of these third party contractors. The BGCO is also not liable for the actions of activities of participants or sponsors participating in events or activities operated by third party contractors.

Furthermore, in consideration of my child being allowed to attend Falls Creek camp, I, on behalf of my child, hereby waive any and all causes of action, rights, claims or suits which I may have against BGCO, its agents, contractors or employees as a result of injury to my child arising from the decision of the BGCO or its agents or employees to consent for provision of emergency medical care to my child.

I understand that my child's image may be included in a video and/or that photographs may be made during camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the BGCO staff or its agents to inspect my child's belongings while at Falls Creek for the safety of all Falls Creek participants.

I understand that Falls Creek is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp. I have received and reviewed the Falls Creek Indian Assembly Rules and Regulations concerning conduct and dress and I have received satisfactory answers to all my questions about such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

*Please make copies of this form for every person from 17 years old and younger attending Indian Falls Creek. All forms must be turned into the Registration Office the first day arriving at camp regardless of length of stay.*

PRINT  
NAME

(Last)

(First)

CHURCH: