

# MEDICAL LIABILITY RELEASE FORM

EMERGENCY CONTACT:

\_\_\_\_\_

PHONE: \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

DOCTOR PHONE: \_\_\_\_\_

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

In addition, by signing this release you give permission for your child to be sent home for any disciplinary reasons.

Parent or Guardian's signature:

\_\_\_\_\_

Date: \_\_\_\_\_

## REGISTRATION:

**Early Bird** (before May 5): \$250

**Full Price** (after May 5): \$300

**First Time Guest:** \$200\*

### Multiple-Student Family Discount:

First Student: Full Price  
Each Additional Student: \$25 off

**Payment Plan:** You can make up to four payments of no less than \$50 per payment.

**Fundraisers:** Available until May 26

**Registration Cut-Off:** Friday, May 31 at 5pm

You may make payments up until Sunday June 2nd, but no new registrations will be taken after Friday, May 31st.

*\*First time guest price is only for non-regular attendees of Xtreme and Ignite.*

## INFORMATION:

Camp Michindoh  
4545 E. Bacon Rd  
Hillsdale, MI 49242

### Travel:

Depart from FBC: 9:30am, Monday, June 3  
Return to FBC: 3:30pm, Friday, June 7



**FIRST BAPTIST CHURCH**  
878 COMMERCIAL AVE. SW  
NEW PHILADELPHIA, OH 44663

[WWW.FIRSTBAPTIST.CHURCH](http://WWW.FIRSTBAPTIST.CHURCH)



In a quest to defeat their most difficult enemy, the Avengers must rely on patience, and making the right decisions that will ultimately make them successful. Making a decision in the moment that is short-sighted may prove not so wise in the end. Staying the course and planning for the Endgame is most important.

The same holds true in our lives. Short-sighted decisions may seem alright in the moment, but are we thinking about the big-picture? Sure, you may be enjoying your life now, but what is the Endgame? What is your goal in life, and how are you making decisions now to get there?

This year at Summer Camp, you are invited to join Ignite & Xtreme to discover biblical goals and decisions for our lives. Come and experience exciting games, live music, and powerful teaching!

Are you ready for the Endgame?

### WHAT TO BRING:

Sleeping bag, pillow, towel, change of clothes & toiletries for entire week, modest swimsuit, cash for two fast food lunches, Bible & pen, etc.

\*Only medication prescribed by a doctor will be permitted.

### WHAT NOT TO BRING:

Fireworks, weapons, drugs, alcohol, skateboards, scooters, roller blades, etc.

### WHAT TO DO:

300 foot waterslide, lake, paddleboats, canoeing, blob, fishing, indoor & outdoor sports courts & fields, archery tag, great food, fun, and more!

**REGISTER WEDNESDAY NIGHTS AT  
IGNITE & XTREME, SUNDAY  
MORNINGS IN THE LOBBY, or at  
[www.firstbaptist.church](http://www.firstbaptist.church)**



### REGISTRATION

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

'18-'19 GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT(S): \_\_\_\_\_

Food Allergies? \_\_\_\_\_

TWO STUDENTS YOU WOULD POSSIBLY LIKE  
TO ROOM WITH

(PLEASE INDICATE IF A GUEST IS COMING WITH YOU)

\_\_\_\_\_  
\_\_\_\_\_