

MEDICAL/PHOTO/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: _____ Sex: M F Counselor: Y
N

Age: _____ Grade Entering (Fall 2017) 7, 8, 9, 10, 11, 12, College: _____

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

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 _____

Heart Trouble Previous Operations or serious illnesses: _____

Diabetes Any current medications you are taking (list): _____

Other: _____

Other: _____

PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, 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.

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: _____

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: _____