

SUMMER CAMP SUMMER CAMP

NTX Foursquare Summer Camp 2025 July 6-10 (Sunday-Thursday) JUNIOR/YOUTH CAMPER Registration/Release Form CIRLCE ONE: Junior Dorm/Youth Dorm

Camper's Name: _____ Gender: Male Female Age: _____ DOB: ____/____/____ Grade completed: _____

Home #: (____) _____ - _____ Mobile #: (____) _____ - _____ T-shirt size: _____ (please indicate if youth or adult size)

Address: _____ City: _____ State: _____ Zip: _____

Name/City of Church camper will be with: Grace Community Church Requested Roommate: _____

Camper's Sponsor Name (group leader with the camper): Ben Weiss Camper's Sponsor Cell phone number: (____) _____ - _____

Parent/Legal Guardian Name: _____ Relation to Camper: _____

Email: _____ Primary Telephone #: (____) _____ - _____

Home Address: _____ Mobile #: (____) _____ - _____

Work Address: _____ Work #: (____) _____ - _____

If not available in an emergency, notify: _____ Relationship to Camper: _____

Emergency Contact's Primary Telephone # (____) _____ - _____ Work # (____) _____ - _____ Mobile # (____) _____ - _____

Physician's or Medical Group's Name: _____ Phone: (____) _____ - _____

The child is currently under the care of a physician for the following condition(s): _____

Chronic or recurring illness or medical condition (including behavioral conditions): _____

Operations or serious injuries (including dates): _____

Physical Limitations (Asthma, Diabetes, Allergies, etc), activities from which the participant should be excluded, and/or special instructions (Allergic to certain medications, insects, or plants, food allergies or dietary restrictions, etc.) _____

Please complete and attach the Medicine Dispensing Form. If no medicine, prescribed or over the counter, are taken, please indicate this on the form.

ACCIDENT COVERAGE: I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's insurance, which only covers medical expenses, is secondary up to a maximum of \$50,000, and does not cover illness. I also understand that if I have questions, I must contact ICFG insurance at (213) 989-4400.

HEALTH INSURANCE (Please complete or Attach copy of card): Insurance Co. _____ Group/Policy # _____

Ins. Co. Phone #: (____) _____ - _____ Insurance Company Address: _____

Not currently insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

| IMMUNIZATIONS | |
|--|-------------|
| <input type="checkbox"/> Camper has NOT been immunized for <input type="checkbox"/> medical <input type="checkbox"/> personal <input type="checkbox"/> religious reasons | |
| OR | |
| <input type="checkbox"/> Camper's records are current and stored at _____ location. | |
| Camper is immunized against the following: | |
| <input type="checkbox"/> DTaP (Diphtheria, Tetanus, & Pertussis) | Date: _____ |
| <input type="checkbox"/> TD (Tetanus & Diphtheria) | Date: _____ |
| <input type="checkbox"/> MMR (Measles, Mumps & Rubella) | Date: _____ |
| <input type="checkbox"/> Polio (OPV or IPV) | Date: _____ |
| <input type="checkbox"/> Hepatitis B | Date: _____ |
| <input type="checkbox"/> Varicella (Chicken Pox) | Date: _____ |
| <input type="checkbox"/> HIB (Haemophilus Influenza B) | Date: _____ |
| <input type="checkbox"/> Other | Date: _____ |

| HEALTH HISTORY | |
|--|---|
| Check the box next to any medical conditions experienced (past or present) by the applicant: | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Measles _____ |
| <input type="checkbox"/> Convulsions in last 60 days | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis A _____ |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Hepatitis B _____ |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hepatitis C _____ |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Mononucleosis _____ |
| <input type="checkbox"/> Sickle Cell | |

PROTECTIVE CUSTODY ARRANGEMENTS: Is there a court order in place that lists certain persons who are not authorized to pick up your child? Yes No

If yes, the following people are NOT allowed to pick up my child: _____

If yes, the following people ARE allowed to pick up my child: _____

NTX Foursquare Camp
JUNIOR/YOUTH CAMPER Registration

AUTHORIZATION FOR TREATMENT: This health history is correct to the best of my knowledge, and the child herein named has permission to engage in all camp activities

except as noted. I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatments; to maintain and/or release any medical records necessary for medical treatment or for insurance purposes as outlined under the HIPAA regulations; and, to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by The Foursquare Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed or deemed appropriate for the child named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of my child, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize my child to carry emergency medications and to use as directed; I also authorize the camp to hold and administer my child's medications in accordance with my directions.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **Date:** _____

COVID-19: I verify that I or child named above has not been diagnosed with COVID-19 and that I/my child does NOT have nor has had any of the following symptoms of COVID-19 in the past 14 days: Coughing or shortness of breath or difficulty breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if The Foursquare Church has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 while participating, or traveling to and from, the Event and I release The Foursquare Church in the event of such an occurrence. The Center for Disease Control has identified that certain individuals are at higher risk of severe illness if they become ill with COVID-19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High Risk criteria, please acknowledge your understanding and willingness to accept this risk and release The Foursquare Church from any and all liability should you or your child become ill during any part of this Event.

ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE: I acknowledge and understand there are inherent risks associated with many event activities, and I understand it is not practical for those risks to all be listed here. With the Covid-19 global pandemic, it has reminded us that one such risk is exposure to infectious sickness, diseases, pandemics and the like. I will assume all of the various risk associated therewith, whether known or unknown to me or my child at this time. I recognize that my child's attendance at a foursquare church event is a privilege, and as a consideration for this privilege, my child and I release the Foursquare church, including its employees, agents, representatives and volunteers, from responsibility for my child's accidental physical injury, including death or illness, and loss of personal property while at this event or during Foursquare Church sponsored travel to and from the event associated with this consent. This release is also intended to include all claims made by mine and my child's family, estate, heirs, personal representative or assigns. I grant permission for my child to participate in all special trips off the event venue with proper staff supervision.

INDEMNIFICATION: By signing below, I agree to indemnify, defend and hold the foursquare church harmless from any claim asserted by my child against the Foursquare Church, including its employees, agents, representatives and volunteers, if my child attempts to repudiate this release after obtaining adulthood.

PHOTO RELEASE: I hereby grant permission to the foursquare church the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of the Foursquare Church.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **Date:** _____

LAKEVIEW MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS: I, _____, parent and/or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the aforementioned minor, my express permission to attend Lakeview Methodist Conference Center (hereafter referred to as LMCC) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions:

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to LMCC, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary. Furthermore, I do release, acquit, discharge, and covenant to hold harmless the LMCC, its representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at LMCC. I also understand and agree that the local Anderson County Court would be the point of venue should a legal dispute arise as a result of my child's stay at LMCC during the above dates. I consent and give permission to the LMCC staff to inspect the bunkhouses for the safety and protection of all LMCC campers present. I give my full consent and permission to LMCC staff to use my child's photo for LMCC promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending LMCC. I have read the LMCC Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **Date:** _____

THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING TWO SIGNATURES:

1. Pastor's Recommendation: I recommend this camper to the NTX Foursquare Camp Staff as one who will cooperate with the staff, rules and program of camp.

Pastor's Signature: _____ **Date:** _____

2. Participant's Declaration: I will fully cooperate with the staff and rules established for the camp.

Camper's Signature: _____ **Date:** _____

