

Camp Week: _____

Participant Name: _____ Gender: ___ Date of Birth: _____

Are immunizations current? __Yes __ No Date of Last Tetanus Shot: _____

Insurance Company: _____

Policy #: _____ Group #: _____

Pre-existing or current medical conditions:

Allergies:

Dietary Restrictions for medical reasons:

Medications being brought to camp:

Emergency contact #1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency contact #2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

_____ (Initial) Staff will abide by all Rules and Policies set by Fort Hill Christian Youth Camp Board of Director's

Authorization for Medical Treatment and Release of Liability

I recognize that certain hazards and dangers are inherent in the Fort Hill Christian Youth Camp events and programs and particularly, but not limited to, the activities of Swimming, Zip Lining, Climbing Wall, Giant Swing, and Challenge Courses. I acknowledge that, although Fort Hill has taken safety measures to minimize the risk of injury to participants, Fort Hill cannot ensure nor guarantee that the participant's equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. Also, I give permission for Fort Hill to use images and recording of the named staff without further compensation for the purpose of promoting Fort Hill.

I realize that in the event of an illness or injury while at camp or participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures. Further, more, I agree to bear all the cost of all such treatment. I also agree to hold harmless, Fort Hill Christian Youth Camp, its staff, volunteers and board of directors from any and all liabilities, claims, demands, and causes of action whatsoever may arise due to participation of me in said activities.

Signature

Date