

Missions Camp

Parental Permission/Release Form

Name of Participant: _____ M ___ F ___

Address _____ City: _____ State _____ Zip _____

Entering Grade: ___ Roommate's Name _____

Parent's name: _____

Father's Employer & phone # _____

Mother's Employer & phone # _____

Church you attend _____ Pastor's name and phone # _____

Other than the people listed above, on the line provided below, give the name, relationship, and phone number of someone to contact in case of emergency.

Name _____ Phone # _____ Relationship: _____

Missions Camp Guidelines

Signatures below imply that these guidelines have been reviewed and accepted by both the parent and youth and/or child participating in MISSIONS CAMP. Failure to comply with any of these guidelines will result in disciplinary action by the MISSIONS CAMP staff and/or removal from MISSIONS CAMP at parent's expense.

1. I understand that the purpose of attending MISSIONS CAMP is for spiritual growth and enrichment. My conduct and behavior will reflect that purpose.
2. I will participate in all of the scheduled activities to which I am assigned.
3. I will participate in all of the scheduled activities for the entire group.
4. I will stay out of the dormitory/cottage and rooms that are designated for members of the opposite sex.
5. I will assume financial responsibility for any and all damage that I create to property and facilities belonging to camp property, West Virginia Convention of Southern Baptists, and/or sponsoring parties.

RELEASE FORM FOR CAMPERS/PARTICIPANTS

I hereby remise, release and forever discharge the West Virginia Convention of Southern Baptists, its agents, servants and all other persons whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might happen while on the premises or Camp Virgil Tate; the South Charleston Housing Complexes and other ministry sites; or West Virginia Wesleyan College.

As parent(s)/guardian(s) of _____, I/We are legally competent to execute this release; and that before signing this release, claimant has fully informed myself/ourselves of its contents and meaning and has executed it with full knowledge thereof.

participant

parent(s)/guardian(s)

Complete Health Information on the other side

PERMISSION AND MEDICAL CONSENT FORM (Missions Camp)

As parent or legal guardian, I/we give permission for my/our child (if under 18 years of age) to participate in the following Missions Camp organized by the West Virginia Convention of Southern Baptists staff.

Participant's full name _____ Birthday _____ Age _____ Sex _____

Parent or Guardian Name _____ Phone (H) _____ (W) _____

Address _____ City _____ State _____ Zip _____

Does the participant have any of the following allergies: Penicillin _____, Other drugs _____,

Insect stings _____, Ivy poisoning _____, Hay Fever _____, Other _____,

Food allergies _____ Date of last tetanus shot _____,

List of restricted activities _____,

List of medications presently being taken _____,

Will these medications be with the participant? _____

Are there dietary restrictions? _____ yes _____ no If yes, please list _____

Other comments/suggestions _____

Does the participant have any medical/health problems or chronic/recurring illness(es) which would limit his/her participation in planned activities? _____ Yes _____ No

If YES, please explain _____

Please list the name, address, phone number and medical specialty of family physician and dentist:

Family Physician _____ phone # _____

Dentist _____ phone # _____

Please complete the following information about insurance provided for the participant:

Name of Insurance Company _____

Address _____ Phone # _____

Policy Number _____ Name of policy holder _____

I understand that Missions Camp carries accidental medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry event medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the ministry event reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry event sponsor as agent for me, to consent to any emergency X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My permission is given for participation in all prescribed activities except as noted by me.

Signature (Parent or Guardian) _____ Date _____

For Notary Use Only

State of West Virginia County of _____

The foregoing instrument was acknowledged before me this _____ day of _____

by _____ My commission expires _____

Notary Public _____