

**Break Forth Bible Church Youth Camp June 20-23rd
Parental Consent Release Form 2019**

\$100 non-refundable deposit/application due by June 3rd.

(Please complete both sides, provide all information requested, and attach pre-registration fee.)

Name of student: _____ Date of Birth ____/____/____

Address _____ City _____ State ____ Zip _____

Age ____ Gender ____ Grade Completed ____ Phone # _____

Cell # _____ Roommate Request: _____

Parent/Guardian (Father) Name _____

Address (If different from student) _____

Home # _____ Work # _____ Cell # _____

Parent/Guardian (Mother) Name _____

Address (If different from student) _____

Home # _____ Work # _____ Cell # _____

Church's Name _____

Pastor _____ Youth Leader _____

As the parent [or legal guardian] of _____ (child's name), a minor, presently having the sole care and custody of stated child, on behalf of him/her in consideration of Break Forth Bible Church, Inc. agreement to accept my child into the following program and to provide a spiritual, educational experience, hereby fully release and discharge Break Forth Bible Church, Inc., its representatives, staff, employees, and volunteers from all rights, claims, and actions of every kind which stated child may have against such released party arising out of Break Forth Bible Church, Inc. Youth Camp, June 20-23, 2019 at Abba's Haven Inc. camp, Lavina, Montana.

I also understand that should my child fail to comply with the rules and guidelines of Break Forth Bible Church, Inc. Youth Camp, and/or the camp directors, team advisors (counselors), medics, and/or camp workers, the result will be a loss of camp privileges or expulsion. I understand that if my child does experience loss of camp privileges or expulsion because of failure to comply with the rules and guidelines of Break Forth Bible Church, Inc. Youth Camp there will be no refund of camp fees. In the event of expulsion, I understand it will be my responsibility to immediately come and retrieve my child from Break Forth Bible Church, Inc. Youth Camp or make travel arrangements and pay all travel expenses to have my child sent to my place of residence.

I understand that during Break Forth Bible Church, Inc. Youth Camp 2019 there will be photographing and videotaping of campers and camp activities for promotional purposes and material to be used solely by Break Forth Bible Church, Inc. As the parent [or legal guardian] of above stated child, I consent to the use by Break Forth Bible Church, Inc. of all video, audio and photographic footage of stated child's appearance. I understand that my child or I will not receive any monetary reimbursement for my child's appearance in any video, audio, or photographic footage.

Parent/Guardian Signature: _____ **Date** _____

Health History and Medical Treatment Authorization

Please list any pre-existing or present medical conditions: _____

Name/dosage of any medications to be taken _____

Please list ALL allergies including medications _____

____ Hay Fever ____ Heart Condition ____ Diabetes ____ Epilepsy/Nervous Disorder
____ Physical Handicap ____ Asthma ____ Insect Stings ____ Frequent Upset Stomachs

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

No medication of any sort [not even aspirin] is to be brought to camp unless it is prescribed by a doctor. All doctor prescribed medication is to be submitted to the camp nurse immediately upon arrival.

Height ____ Weight ____ Date of last tetanus shot ____/____ Contact lenses Y / N

Please list any other problems (emotional, recent stress, illness, etc.) _____

Please list any activity restrictions: _____

Emergency contact Parent/Guardian Name _____

Phone # _____ Cell # _____

Alternate Contact in case you cannot be reached in an emergency situation:

Name _____ Relationship to You _____

Home # _____ Work # _____ Cell # _____

Family Doctor _____ City _____

Phone # _____ Do you have health insurance? Y / N

Name of insurance company _____

Policy # _____ Group # _____

As the parent [or legal guardian] of _____ (minor) I attest that the preceding health history is correct and the juvenile listed above has my permission to attend Break Forth Bible Church, Inc. Youth Camp and to engage in all activities, except as noted. I, the undersigned, request that said juvenile be taken to the camp nurse and/or doctor if the need for medical treatment arises. I hereby give permission to the camp nurse to dispense any over the counter medications and to secure proper treatment for said juvenile. I also give permission to the physician selected by the Camp Directors to, including but not limited to, hospitalize; secure proper treatment for; and to order injections, anesthesia, or surgery for my son/daughter, as named above. I understand that I will be responsible for any medical expenses incurred by said juvenile not covered by my insurance. I release my child's medical records to Break Forth Bible Church, Inc. and understand that it will not be made available to anyone other than camp directors and assistant camp directors, the camp nurse, and selected physician if medical treatment is required.

I, the undersigned, have listed above any activities my child should not participate in due to health consideration. I also give permission for the camp directors and/or nurse to restrict my child from participation in any activity, which they have, concerns about my child's health. As the parent [or legal guardian] of above stated child I certify that I have been informed that, as a participant in the Break Forth Bible Church, Inc. Youth Camp, my child will be participating in a number of activities which carry with them a certain degree of risk. Some of these activities are, but not limited to, all field sports including but not limited to soccer, volleyball, basketball, tug-of-war, and other various activities. I also represent that my child is physically fit and has the necessary skills to safely participate in all the camp activities unless stated above. I agree not to hold Break Forth Bible Church, Inc., any director, youth worker, nurse, or staff member liable for any illness or mishap from any cause whatsoever which may be sustained.

Parent/Guardian Signature: _____ Date: _____

Registration Amount Enclosed (\$100.00 minimum due before June 3, 2019) _____

(Make checks payable to Break Forth Bible Church, Mail to: PO Box 192, Glendive, MT 59330)

Office Use Only: Date _____ Deposit _____ Balance _____ Paid in Full _____
Check Number and Name _____