

Grades 6-12th
SURVIVOR
SUMMER CAMP 2010

REGISTRATION FORM

Name

Age

Grade

Address

Phone #

Email

Parent name

Extra Info

Payment

HARVEST OUTREACH MINISTRIES
Sold-Out Youth Ministries
Medical Release Form

This form should be in the possession of the group leader from day of departure to day of return from the event. It will be kept on file for future activities.

(I) (We), the undersigned parent(s) and/or legal guardian(s) of _____, a minor (under the age of 21), do hereby authorize _____, and/or any other adult appointed or designated by him/her to (a) consent to medical, surgical and dental care for such minor child; (b) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other healthcare personnel providing care for such minor child; and (c) on (my) (our) behalf, to (1) employ physicians, surgeons, dentists, nurses and other healthcare personnel as may be deemed necessary for such minor child; (2) admit such child to any hospital, clinic, emergency room, laboratory, or other healthcare or diagnostic facility for examination, treatment, surgery or care and (3) sign all necessary consent and authorization forms.

It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical or dental care being required, but is given to provide authority to obtain such care if it should be required.

(I) (We) do not know of any restrictions, medically or otherwise, (except as noted below) that would prevent (my) (our) child in participating in this youth group event. In consideration of the benefits to be derived, and in view of the fact that Harvest Outreach Ministries is a religious institution, participation in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of (my) (our) child on this activity, I agree to his/her participation and waive all claims against the leaders of this trip, officers, agents and representatives of Harvest Outreach Ministries and the sponsors.

IMPORTANT NOTE: Please list any medications being taken along with instructions, sensitivities, allergies, or other restrictions on this activity (medical or otherwise) _____

Insurance company & policy number: _____

Parent/Guardian Signature _____ Date _____

Printed name: _____

All phone #'s where you can be contacted: _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 2000, before me, a Notary Public, personally appeared and; known to me to be the person(s) who executed the above consent and stated that it was executed as his/her (their) free act and deed.

_____ My commission expires: _____
Notary Public

*Harvest Outreach Ministries
Parental Permission Form*

(I) (We), the undersigned parent(s) and/or legal guardian(s) give _____, permission to participate in the following activity: _____. We have completed the Medical Release Form prior to this event and there are currently no changes that need to be made. *Note: If you have not completed a Medical Release Form please contact the team leader of this activity. A completed Medical Release Form is required for participation.*

I understand that participation in this activity is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of (my) (our) child, I agree to waive all claims against the leaders of this trip, officers, agents and representatives of Harvest Outreach Ministries and sponsors.

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

Printed Name: _____

All Phone #'s where you can be contacted: _____