

# Bethany Camp & Conference Center

## Medical/Photo Release

\*Bring a copy of this sheet to registration

**Name & Date of Camp:** \_\_\_\_\_ *Please circle: Camper or Chaperone*

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Church: \_\_\_\_\_

1. Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Profile

Please list any food allergies: \_\_\_\_\_

Please list any medication allergies: \_\_\_\_\_

Please list any preexisting conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Times per day: \_\_\_\_\_

\_\_\_\_\_ Times per day: \_\_\_\_\_

\_\_\_\_\_ Times per day: \_\_\_\_\_

\_\_\_\_\_ Times per day: \_\_\_\_\_

***NOTE: All medications MUST be in the original prescription bottle with the name of the camper on it and dosage instructions. Otherwise, we are not allowed dispense medication. Other medications such as Pepto, Tylenol, Aspirin, Sinus meds, etc... must be administered by authorized chaperones not camp personnel.***

List any Special Diet: \_\_\_\_\_

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

### Permission for Treatment and Photo/Video Notice

*While we make every effort to provide a safe environment for every camper, we do require that this participation agreement be read, filled out, signed and dated by all campers who wish to participate in activities at BethanyC3.*

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, or my child while participating in BethanyC3 activities. I give my permission for my child to participate in activities that occur at BethanyC3. These activities may include, but are not limited to, swimming, hiking, strenuous competition games, canoeing and other types of athletic activities.

My permission is granted for any adult representative of the Camp Staff or my local church leaders to obtain necessary medical attention in case of sickness or injury to my camper. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and the Camp Staff from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in camp.

**Please complete and sign below (youth under 18 years of age requires parent/guardian signature)**

Participant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ (first choice to call)