

# VICTORY CAMP STAFF/ INTERN

## FIRST AID STATION INFORMATION FORM & LIABILITY RELEASE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

 **INTERN**
 **STAFF**

### EMERGENCY CONTACTS

Parent or Guardian Name \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_

Phone: Alternate (\_\_\_\_) \_\_\_\_\_

**If parent/ guardian cannot be reached in an emergency, contact:**

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**A COPY OF THE INTERN/ STAFFER'S IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM.**

### INSURANCE INFORMATION

**If you are insured, please include a copy of your card.**

Insurance company \_\_\_\_\_ Policy or group # \_\_\_\_\_

Insurance Phone (\_\_\_\_) \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*requested in case of hospital admittance/ not required

**MEDICAL INFORMATION:** Please fill in the following information as completely and accurately as possible. Any medication that the camper is currently using along with a letter describing dosages, frequency, and instructions concerning the medication or any treatment must be turned in to the camp nurse upon arrival.

### HEALTH HISTORY — Check all conditions that apply:

yes no	yes no	yes no
____ frequent ear infections	____ chest pain	____ diabetes
____ bleeding/clotting disorders	____ epilepsy	____ hypertension
____ heart defect/ diseases	____ mononucleosis	____ back problems
____ dizziness/ fainting	____ pregnant	
____ arthritis/joint problems		

\_\_\_\_ operations/injuries date \_\_\_\_\_ details \_\_\_\_\_

### ALLERGIES

\_\_\_\_ hay fever      \_\_\_\_ insect stings      \_\_\_\_ asthma      \_\_\_\_ penicillin

\_\_\_\_ other drugs \_\_\_\_\_

\_\_\_\_ other (food, etc.; specify \_\_\_\_\_

Any special requirements or attention needed (please explain): \_\_\_\_\_

Health related information: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Activities encouraged or limited by physician: \_\_\_\_\_

Current medication (send with instructions) \_\_\_\_\_

Reason for taking above medication: \_\_\_\_\_

Other conditions or details of above: \_\_\_\_\_

The proposed activities provided by Victory Camp require participation in physical exercises which are by their nature, physically demanding. Many of the activities, including, but not limited to, challenge course activities, soccer, go-karts, basketball, volleyball, etc., will or may challenge you, and could cause surges in blood pressure and pulse rates. It is imperative that you are free from any heart-related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should receive a physical examination. If you checked yes on any of the health history conditions, it is solely your responsibility to receive the necessary approval from the appropriate health care providers for your participation in all physical activities. If more information is needed regarding such activities, please contact Victory Camp.

### Agreement to Participate Assumption of Risk and Release of Liability PLEASE READ BEFORE SIGNING

I (we) acknowledge that during the session that the applicant is participating in, certain risks and danger may occur. I (we) recognize that such risks and danger may include loss or damage to personal property, physical injury, or fatality due to accident. I am healthy (both physically and emotionally) and capable of participating in this session. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I fully authorize the camp's medical personnel to order x-rays, routine tests, treatment and necessary transportation for me/ my child. In the event the parent or guardian cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for me/ my child as deemed necessary. I, individually and on behalf of the minor, do hereby release Victory Camp (a ministry of Living Stones Church) and its employees from any and all liability. I also understand that my participation in this Victory Camp program is entirely VOLUNTARY. I enter into this session and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions. I understand that photographs or video may be taken of me/ my child during the session for promotional use by Victory Camp. I understand that I will not receive compensation, monetary or otherwise in exchange for these images. I agree that being allowed to participate in Victory Camp is sufficient consideration to support this agreement to participate.



\_\_\_\_\_  
Signature of Parent      Date  
*(if participant is under 18, parent or guardian must sign)*

\_\_\_\_\_  
Signature of Participant      Date

\_\_\_\_\_  
Signature of Witness      Date