

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