

**INDIVIDUAL FORM**

Church Info.

Church or Group Name: \_\_\_\_\_

Leader Name: \_\_\_\_\_

Personal Info.

Full Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade Entering Fall 2010 \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

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

Relationship \_\_\_\_\_ Emergency Number (\_\_\_\_) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Agreement

**Release - Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity-**  
My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event 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 AreaOne, camp or event sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify AreaOne for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by AreaOne. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Student's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**INDIVIDUAL FORM**

Medical Release

Attach a photocopy of insurance form or card.

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Church \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_  
ZIP \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone Numbers - Home:(\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

**MEDICAL PROFILE**

Generally, Participant's Health is: (Check One) \_\_\_Excellent \_\_\_Good \_\_\_Fair\_\_\_Poor

If Fair or Poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain: Asthma\_\_\_ Sinusitis\_\_\_ Bronchitis\_\_\_  
Kidney Trouble\_\_\_ Heart Trouble\_\_\_ Diabetes\_\_\_ Dizziness\_\_\_ Stomach Upset\_\_\_ Hay Fever\_\_\_\_\_

List any any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood Diseases:\_\_\_Chickenpox\_\_\_Measles\_\_\_Mumps\_\_\_Whooping Cough\_\_\_Other\_\_\_\_\_

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

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

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

Subscriber Name: \_\_\_\_\_ Subscriber Number \_\_\_\_\_ Place of Employment \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Parent/ Guardian Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bring this form with you to camp