



Camper Registration

Please print clearly and fill out all sections.

Camper Information

first name _____ last name _____ age _____ gender M F grade (fall 2017) _____
 mailing address _____ city _____ state _____ zip _____
 parent or guardian name _____ home phone _____ email address _____

Emergency Contact

name _____ phone number _____ relationship _____
 name _____ phone number _____ relationship _____

Medical Information

insurance carrier _____ phone number _____ policy number _____ group number _____
 insured's name _____ insured's social security _____

Are all immunizations current with State Law? Yes No

My Camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for; stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc.

No Yes list any exceptions _____

Does Camper have:

heart trouble seizures asthma hernia diabetes lung trouble
 HIV/AIDS allergies other _____ none

Medication Administration Record

Please explain checked items AND list any medication (name/dosage/instructions) the camper is taking.

Write in times and check days camper is to be given this medication. If these requirements change, please notify us. Write additional meds on a separate page

Name of Medicine _____ Name of Medicine _____ Name of Medicine _____
 Exact Dosage _____ Exact Dosage _____ Exact Dosage _____
 For Treatment of _____ For Treatment of _____ For Treatment of _____

ALL medications, prescriptions, and over the counter drugs must be collected by the CHURCH Leader and brought to the camp nurse at REGISTRATION in their ORIGINAL CONTAINER

	Wednesday	Thursday	Friday	Saturday	Sunday
Med/Time					

Doctor's Signature _____ OR a note attached with release for participation.
 (Required with serious health problems. Included are: severe allergies, seizures, diabetes, mental and emotional health issues.)



Ash Grove Assembly of God Release and Waiver of Liability



Please read this form carefully and be aware that you will be waiving and releasing all claims for injuries sustained by you in connection with Light & Love Assembly of God Youth Camp at FM Camp Grounds, referred to as the "Event". Ash Grove Assembly reserves the right to prohibit participation by those persons they feel would be in danger due to health or physical restrictions. Influence under alcohol or drugs, excessive roughness or disregard to equipment shall also be cause to prohibit participation.

I, the undersigned, hereby agree and understand that this Release and Waiver of Liability (this "Release") must be signed by me (or my parent/legal guardian if under the age of 18) prior to attending or assisting with the Event. I hereby acknowledge and represent that I have no health conditions that would be negatively affected by active participation in this Event. As a volunteer or participant, or guardian or host of a volunteer or participant, of the Event, I recognize and acknowledge that there are certain risks of physical injury, property damage or even death which accompany such participation, and I agree to assume the full risk of any such injuries, including death, and all resulting damages or loss which I may sustain as a result of participating in the Event or any matters incidental thereto.

I hereby waive and relinquish all claims, including any claims relating to first-aid or medical treatment or lack thereof, against Ash Grove Assembly and any of its respective directors, officers, agents, volunteers and employees (collectively, the "Releasees") that I have as a result of participating in the event.

I do hereby fully release and discharge, and agree to indemnify, hold harmless and defend, Ash Grove Assembly and all other Releasees from any and all costs, including attorney's fees, damages or liability related to injuries, including death, personal injury or damage to or loss of property which I may have or claim, or which may accrue to me on account of my participation in the Event.

I grant and convey to Ash Grove Assembly all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Ash Grove Assembly in connection with my participation in the Event.

As a volunteer or participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I have read the above Release and understand that by signing below, I have given up substantial rights and am willingly and voluntarily participating in this Event.

Name	Age	Phone Number
_____	_____	_____
please print		
Signature	Date	
_____	_____	

Parental Consent

I, the undersigned parent or legal guardian of the child shown below, have read the above Release and agree to its terms on behalf of my child/ward and myself. I understand that by signing below, I am giving up substantial rights on behalf of my child/ward and myself, and my child/ward is willingly and voluntarily participating in this Event.

Childs/Wards Name	Parents/Guardians Name
_____	_____
please print	please print
Signature of Parent/Guardian	Date
_____	_____