



iLove 2009 Summer Youth Week Camp

Participant Form

Bring TWO notarized originals of this form to registration. Attach a photocopy of insurance forms or cards.

Participant Name _____ Age _____ Date of Birth ___/___/_____

Address _____ City _____ State _____ Zip Code _____

Name of Church _____

Address _____ City _____ State _____ Zip Code _____

In case of emergency, notify _____ Relationship to you _____

Home Phone _____ Work Phone _____ Mobile Number _____

Medical Profile

Generally, the participant's health is ___ Excellent ___ Good ___ Fair ___ Poor (Check One)

If fair or poor, please explain your condition _____

List any medical difficulties for which you are being treated _____

Check any of the following that cause you problems and explain

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Hay Fever

___ Heart Trouble ___ Diabetes ___ Dizziness ___ Upset Stomach

List any medicines or substances to which you are allergic _____

List any previous operations or serious illnesses _____

List any medications you take _____

List any special diets or needs _____

Check any of the following childhood diseases you had

___ Chickenpox ___ Measles ___ Measles ___ Whooping cough ___ Mumps

Date of last tetanus immunization ___/___/_____

Family Physician _____ Phone Number _____

Insurance Company _____ Phone Number _____

Subscriber Name _____ Subscriber Number _____

Place of Employment _____ Phone Number _____

Subscriber Occupation _____

Participant Form *(continued)*

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 the Baptist State Convention of North Carolina, camp or event sponsor, or state conventions and their employees 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 the BSCNC or 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 the BSCNC.

Complete and sign below *(youth under 18 years of age require parent/legal guardian signature)*

Participant Signature _____ Date ____ / ____ / ____

Parent/Legal Guardian Signature _____ Date ____ / ____ / ____

Notary Acknowledgement

(Notary, please affix seal to both sheets)

State of _____

County of _____

Personally appeared before me, _____,
with whom I am not personally acquainted, and who acknowledged
that he/she executed the within instrument for the purposes therein
contained

Witness my hand this ____ day of _____, 20 ____.

Notary Signature _____

My commission expires _____

