

CAMPER REGISTRATION

Camp Hickory, Ingleside, IL
Youth Camp: July 13-17, 2021



Cost:

Please return this form to your church leader by:

CHURCH INFORMATION:

Church Name: _____

Senior/NextGen Pastor's Name: _____

Church City and State: _____

CAMPER INFORMATION:

Name: _____ Grade in Fall 2021: _____ Age: _____

CAMPER T-SHIRT SIZE

(This will be a short-sleeved t-shirt and is included in the camp cost.)

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult XL |
| <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult 2X |
| <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult 3X |

Camper's Declaration:

"I will abide by the camp guidelines both written and implied and will choose to conduct myself in a manner that is respectful to God, my leaders, and other campers."

Camper's Signature: _____ Date: _____

Pastor's Endorsement:

"I recommend this student. In the event that disciplinary action is needed, I will coordinate all of the transportation to/from the camp facility. My church has activity insurance with:

*Name of Insurance company and amount of coverage: _____

Pastor's Signature: _____ Date: _____

TO COMPLETE REGISTRATION:

Please return all 3 sections/pages of the completed registration form, and your payment **to your church office or leader** by the deadline indicated on this form.
Make checks payable to your church.

FOUR SQUARE EVENTS - PARENTAL CONSENT AND RELEASE FORM

Information in this document is protected by HIPAA privacy laws and should be handled accordingly

Each signed form is only good for travel during and attendance at a specific camp. A new form must be completed for each event.

Event name: Youth Camp at Camp Hickory Event Code: YOUTH District: Central Date: 7/13/21

Note to Parent/Guardian: The Foursquare Church wants your child's experience at this event to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have your child's current and past medical history and medical insurance information.

Child's Name: _____ Birthdate _____ Gender: Male Female

Parent/Legal Guardian Name: _____ Email: _____

Home Address: _____ Cell Phone: _____

Work Address: _____ Work Phone: _____

If not available in an emergency, notify: _____ Cell Phone: _____

ACCIDENT COVERAGE:

I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's Insurance, which only covers medical expenses, is secondary up to a maximum of \$50,000, and does not cover illness. I also understand that if I have questions, I must contact ICFG Insurance at (213) 989-4400.

My Insurance Provider: _____ Policy Number: _____

Insurance Company Address/Web Address: _____

Not currently insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

The child is currently under the care of a physician for the following condition(s): _____

Chronic or recurring illness or medical condition (including behavioral conditions): _____

Operations or serious injuries (including dates): _____

Explanation of any reported loss of consciousness, convulsion or concussion: _____

List any activities from which the applicant should be excluded: _____

List any medication/treatment to be administered during the event (specify dosages and intervals/times): _____

Family Physician or Medical Group: _____ Phone: _____

ALLERGIES AND DIETARY RESTRICTIONS (List any food, drug, plant, insect or other allergies)

**All medication/treatment must be in its original container, labeled with camper name and dosage to be given at camp.*

FOURSQUARE EVENTS - PARENTAL CONSENT AND RELEASE FORM

IMMUNIZATIONS	HEALTH HISTORY
<input type="checkbox"/> Applicant has NOT been immunized for: <input type="checkbox"/> medical <input type="checkbox"/> personal <input type="checkbox"/> religious reasons OR <input type="checkbox"/> Check and date any immunizations the applicant has received:	Check the box next to any medical conditions experienced (past or present) by the applicant:
<input type="checkbox"/> DTaP (Diphtheria, Tetanus, & Pertussis) Date: _____ <input type="checkbox"/> TD (Tetanus & Diphtheria) Date: _____ <input type="checkbox"/> MMR (Measles, Mumps & Rubella) Date: _____ <input type="checkbox"/> Polio (OPV or IPV) Date: _____ <input type="checkbox"/> Hepatitis B Date: _____ <input type="checkbox"/> Varicella (Chicken Pox) Date: _____ <input type="checkbox"/> HIB (Haemophilus Influenza B) Date: _____ <input type="checkbox"/> Other Date: _____	<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Convulsions in last 60 days <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Measles _____ <input type="checkbox"/> German Measles _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Hepatitis A _____ <input type="checkbox"/> Hepatitis B _____ <input type="checkbox"/> Hepatitis C _____ <input type="checkbox"/> Mononucleosis _____

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are not authorized to pick up your child? Yes No
 If yes, the following people are NOT allowed to pick up my child: _____
 If yes, the following people ARE allowed to pick up my child: _____

SIGN >

Signature of parent/guardian: _____ **Date:** _____

AUTHORIZATION FOR TREATMENT This health history is correct to the best of my knowledge, and the child herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatments; to maintain and/or release any medical records necessary for medical treatment or for insurance purposes as outlined under the HIPAA regulations; and, to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by The Foursquare Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed or deemed appropriate for the child named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of my child, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize my child to carry emergency medications and to use as directed; I also authorize the camp to hold and administer my child's medications in accordance with my directions.

SIGN >

Signature of parent/guardian: _____ **Date:** _____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. to the extent that it applies. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

SIGN >

Signature of parent/guardian: _____ **Date:** _____

ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY EVENT ACTIVITIES, AND I UNDERSTAND IT IS NOT PRACTICAL FOR THOSE RISKS TO ALL BE LISTED HERE. WITH THE COVID-19 GLOBAL PANDEMIC, IT HAS REMINDED US THAT ONE SUCH RISK IS EXPOSURE TO INFECTIOUS SICKNESS, DISEASES, PANDEMICS AND THE LIKE. I WILL ASSUME ALL OF THE VARIOUS RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME OR MY CHILD AT THIS TIME. I RECOGNIZE THAT MY CHILD'S ATTENDANCE AT A FOURSQUARE CHURCH EVENT IS A PRIVILEGE, AND AS A CONSIDERATION FOR THIS PRIVILEGE, MY CHILD AND I RELEASE THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS, FROM RESPONSIBILITY FOR MY CHILD'S ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THIS EVENT OR DURING FOURSQUARE CHURCH SPONSORED TRAVEL TO AND FROM THE EVENT ASSOCIATED WITH THIS CONSENT. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MINE AND MY CHILD'S FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE EVENT VENUE WITH PROPER STAFF SUPERVISION.

INDEMNIFICATION BY SIGNING BELOW, I AGREE TO INDEMNIFY, DEFEND AND HOLD THE FOURSQUARE CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY MY CHILD AGAINST THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS, IF MY CHILD ATTEMPTS TO REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE I HEREBY GRANT PERMISSION TO THE FOURSQUARE CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF THE FOURSQUARE CHURCH.

SIGN >

Signature of parent/guardian: _____ **Date:** _____