

SGBA Winter Blast at Michigan Christian Youth Camp - Feb. 2-4, 2018 Registration/Medical Form

Please PRE-REGISTER by January 20, 2018 with Laura Clayton - llclayton61@gmail.com or call 810-441-4606. Bring completed form along with \$69.00. Checks payable to: SGBA (with Winter Blast on Memo line). **Extra Activities** (May be cancelled if there are not enough participants. Please bring an extra check for each activity so that we may easily refund the money if necessary.)

___ Paintball (\$25); ___ Horseback Riding (\$15)

Name: _____ Age: _____ M / F Birth Date: ___/___/____ Grade: _____
Last Name First Name

Address: _____ Home Church: _____

Parent or Guardian (Specify): _____ Home Phone: (____) _____

Work Address: _____ Cell Phone: (____) _____

Emergency contact if parent or guardian is not available: Name: _____

Address: _____ Phone: (____) _____

General Release

By participating in the activities of SGBA Winter Blast, I acknowledge that there may be inherent or other risks involved. I/We agree to release SGBA and Michigan Christian Youth Camp (MCYC) and its agents from all liability of damage and injury to myself or to the participant indicated above for whom I am the Parent/Legal guardian. I also accept full liability for any loss or damage for all equipment or property of MCYC while it is in my control or possession.

Medical Consent

Allergic Reactions to: ___ Penicillin ___ Aspirin ___ Other Medications (describe): _____

Food Allergies (describe): _____

Special problem behavior, conditions, infectious diseases (explain): _____

Please use additional paper if necessary.

___ YES ___ NO Are immunizations up to date? Date of last tetanus shot (Year): _____

___ YES ___ NO I believe my child is able to attend winter blast and participate in all activities.

My child needs to observe the following restrictions: _____

Medications needed or used - Note: all medications must be in original containers with dosages clearly marked.

Kind: _____ frequency: _____ dosage: _____ currently being given: ___ YES ___ NO

Kind: _____ frequency: _____ dosage: _____ currently being given: ___ YES ___ NO

Note: Medications are responsibility of each individual. We do not have a nurse on duty.

Medical Insurance Carrier Name: _____ Phone: (____) _____

Policy Holder's Name: _____ Policy #: _____

I give permission to SGBA to secure emergency medical/surgical treatment and to provide routine, non-surgical medical care for my child named above while at Winter Blast. I certify that I am the parent or legal guardian of the child named above. I/We hereby release the SGBA, its agents and representatives from any and all liability that may occur during the course of transporting the above named person to or from medical treatment. I further certify that the above information is accurate to the best of my knowledge. I, the undersigned, have read and understand the above medical consent and release from liability for myself/my child.

Parent/Guardian's Signature: _____ Date: ___/___/____

Participant's Signature: _____ Date: ___/___/____

IMPORTANT: The following must be agreed to and signed for attendance:

- Cell phones may be used for Bible apps and cameras only. Other uses will not be allowed. Phones will be held by director if abused. Counselors may chose to have docking area for night time. (applies to under age 18)
- Camp dress code applies. Modest tops for girls, no questionable graphics on clothing.
- Smoking, alcohol, abusive use of drugs, unbecoming talk or dress, bad conduct or leaving the camp grounds without permission result in dismissal from the retreat by the director with no refund of fees. Parent/Guardian will be responsible for transportation expenses. I have read and agree to obey the retreat rules.

Participant's Signature: _____ Date: ___/___/____