



YOUTH CAMP REGISTRATION FORM *Community of Christ*

Registrant Information:

Registrant's Name: _____ Date of Birth: _____ Age: _____

Address:

T-shirt size (circle one): Youth M Youth L

Adult S Adult M Adult L Adult XL Adult XXL Other _____

Congregation: _____

Email Address: _____

Cell Phone: _____ Other Phone: _____

Name of Event, Date, and Location: _____

Special Needs or Requests: _____

Parent/Legal Guardian:

Name: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Parent/Legal Guardian (2)/Emergency Contact:

Name: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Other Persons Authorized by Parent/Guardian to transport Registrant upon conclusion of Event:

MEDICAL HISTORY FORM

Please circle YES or NO and explain any "YES" answer

YES NO Are you allergic to any foods, latex, medications, etc.?

YES NO Are you presently under a physician's care for any acute/chronic medical condition?

YES NO Are you currently taking any medications?

Please list all mental health and/or physical conditions, if any.

YES NO Have you recently been exposed to a contagious disease or illness? If yes, please describe.

YES NO Do you have any special dietary needs?

Family Physician: _____ Phone: _____

Please attach a photocopy of a current health insurance card which covers the Registrant.

Release and Consent

Please read each of the following Release and Consent Statements and sign this registration form. Your signature indicates your consent.

Consent to Medical Treatment

As the Registrant, or if under the age of 18 (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if

the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

Consent to Participate in Event Activities

As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here:

Waiver and Release of Liability

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

Photo Release

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Event Rules

Possession of fireworks, firearms, fixed or switched blade knives (except under supervision by Event staff), any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden. Additional Event Rules are attached and incorporated by reference to this agreement.

STATEMENT OF CONSENT AND RELEASE

I, the undersigned, have read and consent to the rules, guidelines and releases specified in this form. I have read, understand, and agree to abide by the Event Rules.

Registrant

Date

Parent/Legal Guardian

Date

If Registrant is under 18 (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado)

PAYMENT INFORMATION

- I am paying all camp fees in full. A check is enclosed.
- I am enclosing a check with a partial payment in the amount of _____. I plan to pay the remainder on or before the first day of camp.
- I would like a camp representative to contact me to discuss payment options. I can be reached by phone at _____.

Checks payable to "Community of Christ"

Current 2016 camp fee deadlines:

On or before May 29th - \$140

After May 29th - \$160

Please sign and return completed form along with payment to:
Oklahoma Mission Center C/O Mary Kidd P.O. Box 335 Warrensburg, MO 64093