

Calvary Chapel Senior Trip

Cost = \$150, 8/2-8/5

Every person under the age of 18 must bring this form to camp
Items to bring: Bible, toothbrush, toothpaste, deodorant, pillow, sleeping bag, sunscreen, soap,
shampoo, shower shoes, towel, jacket, shorts and pants, pajamas, closed-toed shoes and water bottle
Activities include sports, hiking and other awesome adventures; plan accordingly!!!

Student's Name: _____

Birth Date: _____

Phone: _____

E-mail: _____

I, the Parent of Legal Guardian of the above named student living at:

Address

City/State

Zip Code

give my consent to have my son/daughter work&live at Calvary Chapel Tucson
Camp(s).

Health History: To protect your child from possible embarrassment, but not to exclude him/her from
from the program the following is requested. Check and give approximate dates if possible:

General:

Frequent ear infections	_____	Hay Fever	_____
Heart defect/disease	_____	Insect Stings(allergic)	_____
Convulsions	_____	Penicillin(allergic)	_____
Diabetes	_____	Other Drugs(list)	_____
Bleeding/clotting disorder	_____	_____	_____
Bed wetting	_____	_____	_____
Sleep Walking	_____	_____	_____
Operations/Serious Injuries	_____	_____	_____

Diseases:

Chicken Pox	_____	German Measles	_____	Asthma	_____
Measles	_____	Mumps	_____		

1.) To your knowledge, has your child been exposed to any communicable diseases
within the past 21 days? Yes _____ No _____

If yes explain: _____

2.) Do you know of any health factor that makes it advisable for you child to follow
a limited work program of Physical activity? Yes _____ No _____

If yes explain: _____

3.) Please give us the name and phone number of you child's regular Physician:

Name: _____ Phone #: _____

Name of medical insurance: _____

Medical Insurance #: _____

4.) **PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD WILL
NEED TO HAVE WHILE AT CAMP.**

<u>Medication</u>	<u>Dosage</u>	<u>When taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any medication (including prescriptions) will be self-administered during your child's time at camp. Calvary Tucson, officers, staff and volunteers are not responsible for the administration of prescriptions and medications.

**In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Camp Director, camp medical staff, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

I further agree that Calvary Tucson, F Bar D Cattle Co LLC, Dalmon Family its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

THE UNDERSIGNED INDIVIDUAL ATTESTS THAT THEY ARE THE AUTHORIZED PARENT OR LEGAL GUARDIAN FOR THE REGISTRANT. FURTHER, THE UNDERSIGNED ACKNOWLEDGES THAT CALVARY CHAPEL TUCSON, ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO THE REGISTRANT DURING THE ACTIVITY OR PROGRAM. THIS RELEASE SPECIFICALLY INCLUDES DAMAGES OR INJURIES SUSTAINED DUE TO THE NEGLIGENCE OF THE CALVARY CHAPEL TUCSON DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.

I AM AWARE THAT THIS ACTIVITY AND/OR PROGRAM MAY INVOLVE PARTICIPATION IN AREAS OF POOR LIGHTING, ROUGH TERRAIN, AND OTHER NATURAL AND MAN-MADE ELEMENTS THAT COULD RESULT IN INJURY. THE UNDERSIGNED HEREBY ASSUMES ALL RISKS AND FINANCIAL RESPONSIBILITY THEREFOR, AND RELEASE CALVARY CHAPEL TUCSON AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER IT STEMS FROM THE NEGLIGENCE OF CALVARY TUCSON DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.

Parent/Guardian Signature: (Father/Other)

Date:

Parent/Guardian Signature: (Mother)

Date:

Minor's Signature:

Date:

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Home Phone: _____

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Emergency/Work Phone: _____

Other Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____