

EGLMC Youth Camp and Retreat – Registration Form

Camper _____			Camp/Retreat: Jr. High/Sr. High	
Last	First	Middle		
Address: _____				

Email: _____		Phone _____		T-Shirt Size _____
Date of Birth: _____	Age: _____	Grade Completed: _____	Gender: Male	Female
				<i>Circle One</i>
Congregation/Church: _____			Roommate Preference _____	
List only one				

Parent/Guardian Names: _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____

Emergency Contact (Non Parent/Guardian) _____		Relationship _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____

Permission for Medical Treatment

I/We, the undersigned parent(s), legal guardian, or next of kin, hereby authorize any necessary medical treatment for this/these applicant(s) I/We, also guarantee payment of all charges incurred during this medical treatment.

Photo Release

In consideration of the right of the applicant(s) to participate in this event, I/We, give consent to and authorize the taking of photographs or video tapes in which the applicant(s) may appear. I/We, waive all right of privacy in and to any said photographs or videotapes.

Activity and Transportation Consent

I/We, understand that some activities involved in by this camp may require travel to other locations. All transportation during this youth camp will be provided by camp staff or people designated by them. All drivers of vehicles will be appropriately licensed and over the age of 21. I/We, understand that most transportation will be done in privately owned vehicles that are in good condition and considered. I/We, understand and specifically consent to the applicant(s)' participation in this event. I/We, certify that the applicant(s) has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I/We, specifically do NOT want the applicant(s) to participate in the following activities:

Liability Release

The undersigned parent, legal guardian, or next of kin, acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the Eastern Great Lakes Mission Center, Community of Christ for participation in this event, I/We, being 21 years of age or older, do on behalf of our child-participant, hereby release forever, discharge, and agree to hold harmless the camp, the Community of Christ, and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, I/We, on behalf of our child-participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Parent/Guardian Signature Date _____

Parent/Guardian Signature Date _____

EGLMC Summer Youth Camps Registration Worksheet

Registration Fee – choose one:		\$
Registration - postmarked on or before 6/14	\$245	
Late Registration – postmarked after 6/14	\$280	
Camper Buck (include signed form with registration) Name of Congregation: _____		- \$
Subtotal of Camp Fees		= \$
Non-Refundable Deposit (include with registration) Check # _____ (no cash, please)	\$20	- \$ 20
Check # _____ Additional Amounts Remitted		
Balance Due by First Day of Camp		= \$

Send Registration and other Information to:

**Cathy Batey
9205 Sugarbush Dr.
Mentor, OH 44060**

For Camps and Retreats

Please Send

Registration Form,

Health and Medical Form,

A Photocopy of Both Sides of Insurance Card,

Waiver and Release of Liability for Covid-19

and Check or Money order payable to EGLMC to the Camp Registrar.

All Registrations Must Be Paid In US Dollars

Congregation _____

Signed by CFO or Pastor _____

Jr. Jr. High Sr High Spring Summer Fall
(Circle One) (Circle One)

Camper Bucks

Eastern Great Lakes Mission Center

9017 Chillicothe
Kirtland, Ohio 44094-9261

Camper Bucks must be signed by your Pastor or CFO, have your name on them, and the amount the congregation will be paying before you submit them or **they will not be accepted!**

Version 07.20.2011

This certificate entitles

to a Campership of



Not redeemable for cash.

Camper: Send this certificate to the Registrar with the remainder of your registration fees to receive credit for your Camper Bucks!

CFO: You will be invoiced for the amount of this certificate upon completion of the camp/retreat. Please do not send money until invoiced.

Congregation _____

Signed by CFO or Pastor _____

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WAIVER AND RELEASE OF LIABILITY FOR COVID-19

This Waiver and Release of Liability for COVID-19 is a legal document. PLEASE READ IT CAREFULLY.

COVID-19 is an illness that can affect the lungs, airways and circulatory system, among other things. COVID-19 is caused by the novel coronavirus. To stop or slow the spread of the virus, the U.S. Centers for Disease Control and Prevention recommends staying home as much as possible and limiting face-to-face contact with others.

My signature below acknowledges my understanding that there is a risk that I (and, if I am the legal guardian of a participant in activities on Community of Christ ("Church") owned property, "Participant") may be exposed to the coronavirus as a result of my (or the Participant's) entry onto property owned by Church and/or participation in any activities provided, arranged, organized, or in any way associated or connected with Church or its sponsored or chartered organizations (the "Activities"), and my agreement to release Church from liability in the event I (or Participant) are exposed to COVID-19 as a result of my (or Participant's) participation in any Activities.

ACKNOWLEDGMENTS:

On behalf of myself and my Participant, and our respective heirs, assigns, personal representatives and estates, I understand, acknowledge and agree as follows:

- (1) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact;
- (2) Federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures;
- (3) Church has implemented preventative measures to reduce the spread of COVID-19. Despite these preventative measures, Church cannot guarantee that I, my Participant or any other youth or adult leader, staff member, or visitor (each a "Patron") will not become infected with COVID-19, and there are risks inherent in entering Church property and participating in Church related or Church-sponsored activities and inherent risks related to COVID-19 infection and transmission;
- (5) Entry into Church property and participation in the Activities could increase the risk of contracting COVID-19 for myself, my Participant and those Patrons with whom we may come in contact;
- (6) The risk of becoming exposed to or infected by COVID-19 on Church property or in connection with the Activities may result from the actions, omissions or negligence of myself, my Participant and/or others, including without limitation Church, Church employees, volunteers, officers, directors, agents, representatives, Patrons or any others present at Church property or at such Activities;
- (7) When I (or my Participant) enter Church property or attend Activities, I (or my Participant) am doing so voluntarily, for purposes of participating in events or activities for my (or my

Participant's) personal benefit. The value of such benefit, together with Church allowing me (or my Participant) to enter into Church property and participate in the Activities, is sufficient consideration for my voluntary execution of, and compliance with, this Waiver and Release of Liability for COVID-19;

(8) I (for myself and on behalf of my Participant) voluntarily and knowingly assume the risk that I (or my Participant) may be exposed to or infected by COVID-19 by entering into Church property or participating in the Activities, and that such exposure or infection may result in personal injury, illness, disability and death; and

(9) I (for myself and on behalf of my Participant) acknowledge and agree that, with respect to COVID-19, Church cannot and does not accept any (and expressly disclaims all) responsibility for my (and my Participant's) safety and well-being while I (or my Participant) am at Church property or otherwise engaged in any Activity.

FOR AND IN CONSIDERATION OF THE UNDERSIGNED'S PARTICIPATION IN THESE ACTIVITIES, AND ACKNOWLEDGING SAID ACTIVITIES COULD RESULT IN ILLNESS, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH TO THE UNDERSIGNED, THE UNDERSIGNED WAIVES, RELEASES AND RELINQUISHES ANY CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST CHURCH, ITS EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, PATRONS OR ANY OTHERS PRESENT AT CHURCH PROPERTY, INCLUDING ILLNESS, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OCCURRING TO PARTICIPANT, ARISING OUT OF ACTIVITIES SPONSORED BY OR ON CHURCH PROPERTY, AND/OR ACTIVITIES INCIDENTAL THERETO, INCLUDING ORDINARY NEGLIGENCE.

BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THE UNDERSIGNED MAY HAVE ARE HEREBY WAIVED, RELEASED AND RELINQUISHED, AND THE UNDERSIGNED DOES SO ON BEHALF OF HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

UNDERSIGNED ACKNOWLEDGES SHE/HE HAS BEEN PROVIDED AND HAS READ THE ABOVE PARAGRAPHS AND HAS NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT SHE/HE IS FULLY ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES DESCRIBED HEREINABOVE, AND UNDERSTAND THESE WAIVERS AND RELEASES ARE NECESSARY TO ALLOW THE EXISTENCE OF THE ACTIVITIES IN WHICH THE UNDERSIGNED WILL BE PARTICIPATING. I also agree to all the rules that Church may set concerning the Activities as specifically necessitated by COVID-19.

I agree that if any portion of this Waiver and Release of Liability is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

As parent or legal guardian of a Participant under 18 years of age, I have read and voluntarily agreed that said minor may enter Church property and participate in the Activities, and I sign this Waiver and Release of Liability on their behalf and represent that I am a lawful parent or guardian of the Participant.

I have read this Waiver and Release of Liability and am bound by it whether I have read it. I also agree to all the rules that Church may set concerning the Activities as specifically necessitated by COVID-19.

PARTICIPANT	PARENT(S) OR GUARDIAN(S) if participant is under 18 years of age (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado)
(signature)	(signature)
(print name)	(print name)
(age)	
(date)	
(address)	(address)
(state, zip)	(state, zip)
(phone)	(phone)
	(date)
	(signature)
	(print name)
	(date)
	(address)
	(state, zip)
	(phone)
	(date)

Health and Medical Form

General Information

Name _____ DOB _____ Age _____ Male Female
 Address _____ Grade Completed (youth only) _____
 City _____ State _____ Zip _____ Phone Number _____
 Health Insurance Company _____ Policy Number _____

Attach a Photocopy of Both Sides of Insurance Card.

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home Phone _____ Business Number _____ Cell Phone _____
 Alternate Contact _____ Alternate Phone _____
 Persons allowed to pick up child from event _____

Medical History

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease	
		Stroke	
		COPD	
		Ear / Sinus Problems	
		Muscular / Skeletal Condition	
		Menstrual Problems	
		Psychiatric / Psychological and emotional difficulties	
		Learning Disorders	
		Bleeding disorders	
		Fainting Spells	
		Thyroid Disease	
		Kidney Disease	
		Sickle Cell Disease	
		Seizures	
		Sleep Disorders	
		GI problems	
		Surgery	
		Serious Injury	
		Other	

Allergies or Reaction to:

Medicine: _____
 Food or Plants or Insect Bites: _____

Immunizations

If immunized, check box and enter the year received or photocopy child's immunization card and attach.

Yes	No	Date
		Tetanus
		Pertussis
		Diphtheria
		Measles
		Mumps
		Rubella
		Polio
		Chicken Pox
		Hepatitis A
		Hepatitis B
		Influenza
		COVID-19

Medications

If currently taking medication fill out the attached permission form.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Permission to Administer Camper Medication

Camper's Name _____

To Be Completed by Physician	Name of Medication	
	Name of Prescribing Physician	
	Form of Medication	
	Dosage of Medication	
	Time(s) Medication to Be Given	
	Reason for Taking Medication	
	Precautions / Side Effects	
	Restriction of Activity	
	Physician Signature	

Prescription medications must be in a container labeled by the pharmacy with:

- Camper name
- Physician name
- Date of prescription
- Name and phone number of pharmacy
- Name, dosage, identification # of medication

This form should also be completed for the administration of over-the-counter medication, which must be provided in its original container.

I, the undersigned parent(s) / guardian(s) of the camper named above, request that my camper be given the medication listed above. I understand that the liability release in the Registration Form also applies to the dispensing of this medication.

Parent / Guardian Signature _____

Parent / Guardian Signature _____

Date _____ Phone Number _____