

Makakilo Baptist Church – 92-611 Makakilo Drive, Kapolei, HI 96707 – (808) 672-3505 – www.makakilochurch.com

Summer Youth Camp Registration & Liability Release Form

June 11-14, 2017 at Pu'u Kahea Conference Center

Participant Information - Youth

Name:

Gender:

Age:

Birthday:

Adult T-Shirt Size:

Grade (just completed):

Address (including city, state, and zip):

Parent's Name/Guardian(s):

Mother/Guardian Phone Number:

Father/Guardian Phone Number:

Emergency Contact:

Phone Number:

Home Church: _____

Attend: ☐ Regularly ☐ Occasionally

Student Health Information

Health Insurance Provider:

Policy Number:

Please list any allergies, current medications, or special medical problems we need to be aware of:

Date of last Immunizations, Vaccines for:

DPT/TD/Tetanus: _____ Measles (MMR): _____ Polio: _____ Tuberculin: _____

Flu: _____ Other (Please specify): _____

Activity Restrictions:

Dietary Restrictions:

Photo Release: I, on behalf of myself and the other parent(s) and guardians of the above-named minor, do hereby consent to having my child photographed or filmed for possible use in brochure, publication, website, or video without compensation.

Hazard Disclaimer: Some camp activities, such as team games and leisure sports, include certain inherent risks despite the reasonable safety precautions taken to provide a safe environment. Some of these camp activities occur outdoors, so exposure to sun, wind, insects, and pollen are involved.

Liability Release: By signing this form, I authorize the participation of the above-named minor in the activities of Makakilo Baptist Church (the Church). In consideration of the Church providing these activities, I, on behalf of myself and the other parent(s) and guardians of the above-named minor, do hereby release Makakilo Baptist Church, its officers, employees and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on or off the Church premises, or on the way to and from these activities. I agree to instruct my child to cooperate with and conform to the directions and instructions of the employees and/or agents of the Church in charge of these activities. I have read, understood and consent to all parts of the Liability Release Form.

Medical Release: By signing this form, I give permission to the physician, nurse, or dentist selected by Makakilo Baptist Church (the Church), to secure medical or dental aid as required for illness or injury, including transportation to and from the necessary facilities to the above-named minor. I understand that the Church is not obligated to carry any insurance to cover such medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

Print Name of Parent/Legal Guardian: _____

Date: _____

Signature of Parent/Legal Guardian: _____