

**2017 Events Registration
Kentucky-Indiana USA Mission Center
Community of Christ**

GENERAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Today's Date _____ Age _____ Current Grade (if applicable) _____ Gender: Female Male
Social Security Number _____ Shirt Size _____ Phone Number () _____ E-mail _____
Address _____ City and State or Province _____
Zip/Postal Code _____ Religious Affiliation _____ Home Church _____
Name of Parents, Custodial Parent, or Legal Guardian* _____
Work Phone _____ E-mail _____
Additional Parent, Legal Guardian, or Next of Kin* _____
Home Phone _____ Work Phone _____ E-mail _____
Person(s) allowed to pick up minor child from event(s):* _____

**Applies only to those under 21 years of age, or those who otherwise need such assistance.*

EMERGENCY NOTIFICATION Please List Two Contacts

Name _____ Relationship _____ Phone () _____
Address _____
City/State or Province _____ Zip/Postal Code _____
Name _____ Relationship _____ Phone () _____
Address _____
City/State or Province _____ Zip/Postal Code _____

MEDICAL & INSURANCE INFORMATION Please Attach a Copy of Both Sides of Insurance Card

Physician _____ Phone () _____
Office Address _____
Hospital/Clinic of Choice (if applicable) _____
Health Insurance Provider _____ Phone () _____
Policy Holder's Name _____
Address _____

Group Number _____ Policy Number _____

Other Information _____

Allergy to foods, allergy to medications (if none, so state) _____

Is applicant currently under a physician's care for any acute or chronic medical condition? _____

If yes, please explain. _____

Does applicant carry *non-prescription* medication on their person? (if none, so state) _____

Medication(s) and purpose _____

Does applicant require *prescription* medications? (if none, so state) _____

Medication(s) and purpose (attach page if necessary) _____

Please list applicant's immunization dates for the following (or attach a copy of health card):

DPT _____	booster diphtheria _____	booster tetanus _____	smallpox _____
typhoid _____	tuberculin _____	measles _____	mumps _____
polio vaccine _____	others (please list) _____		

Comments _____

Health Information Applicant's Full Name _____

Has applicant ever had any of the following? (Please check if yes and provide month/year of latest occurrence.)

- anemia _____ appendicitis _____ asthma _____ bronchitis _____
- chicken pox _____ diabetes _____ epilepsy _____ frequent colds _____
- heart trouble _____ heart murmur _____ fractures (describe) _____
- HIV _____ hepatitis _____ kidney trouble _____ measles _____
- mumps _____ pneumonia _____ rheumatic fever _____ scarlet fever _____
- sinusitis _____ sore throats _____ tuberculosis _____ whooping cough _____
- other _____

Please list applicant's major operations or serious injuries (describe and give dates; attach page if necessary):

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at events (attach page if necessary): _____

Please inform the staff members of each event about any communicable diseases or illnesses the applicant has had or been exposed to in the three-week period prior to the specific event.

Consent and Releases

Photo Release

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

Parent/Guardian Signature(s)/Applicant Signature** _____ Date _____

Activity Consent

I specifically consent to the applicant's participation in this/these event(s). I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do NOT want the applicant to participate in the following activities: _____

Parent/Guardian Signature(s)/Applicant Signature** _____ Date _____

Permission for Medical Treatment

The Health Insurance Portability and Accessibility Act (HIPAA) establishes strict rules regarding the confidentiality of Protected Health Information for persons receiving medical treatment. I hereby authorize camp counselors, doctors, nurses, or administrators at Glenn Wood Hills Campground or other facilities of the Community of Christ to release any information concerning injuries, illnesses, or other protected health information (PHI) to appropriate persons, including but not limited to each other, parents, health care providers or other authorized recipients, and hereby waive, release, and relinquish any and all claims for liability and cause(s) of action against the Community of Christ, its officers, employees, agents and assigns, for damages related to violations of the Health Insurance Portability and Accessibility Act (HIPAA). I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature(s)/Applicant Signature** _____ Date _____

Liability Release

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident free environment, incidents may occur. In consideration of being accepted by the Kentucky-Indiana USA Mission Center, Community of Christ, or participation in this/these event(s), we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the camp and 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, we (I) (and on behalf of my child-participant, if under the age of 21 years) 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.

Parent/Guardian Signature(s)/Applicant Signature** _____ Date _____

Parent/Guardian Signature(s)/Applicant Signature** _____ Date _____

Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign. **Only applicant must sign if 21 years of age or older or emancipated.