



PARTICIPANT INFORMATION FORM

Participant Name _____			
Last	First	Middle Initial	
Home Address _____			
Street and Number	City	State/Province	Zip/Postal
Birth Date _____	Age _____	Gender _____	(for housing/rooming consideration only)

Primary Emergency Contact _____			
Last	First	Middle Initial	
Home Address _____			
Street and Number	City	State/Province	Zip/Postal
Phone Number: _____			

Secondary Emergency Contact _____			
Last	First	Middle Initial	
Phone Number: _____			

Authorized Pick-up Persons (if different than Emergency Contacts listed above)

1. Name: _____	Phone: _____	Relationship to Child: _____
2. Name: _____	Phone: _____	Relationship to Child: _____

Name of Physician _____			Phone _____
Last	First	Middle Initial	
Address _____			
Street and Number	City	State/Province	Zip/Postal
<input type="checkbox"/> I have had a physical within the last 24 months.			
Medical Insurance Company _____			Policy No. _____
Address _____			
Street and Number	City	State/Province	Zip/Postal

Allergies:
Check those that apply and specify nature of allergic reaction:

None
 Animals
 Environmental
 Medication
 Food
 Insects
 Latex
 Other

Specify: _____

Non-Prescription Medications: *The following non-prescription medications may be used on an **as needed basis** to manage illness and injury. Please indicate below which medications the participant may **NOT** receive. These non-prescription medications will be administered by YFC staff according to manufacturer's labeled dosages unless a written statement (prescription) from participant's health-care provider authorizes a different dosage.*

<p>Cross out medications a camper should <u>NOT</u> have:</p> <ul style="list-style-type: none"> ┆ Acetaminophen (i.e. Tylenol) ┆ Aloe Vera Gel ┆ Antacid (i.e. Tums) ┆ Antiseptic Wipes (Benzalkonium Chloride) ┆ Bacitracin/Triple Antibiotic Ointment ┆ Calamine lotion ┆ Diphenhydramine oral tablet (i.e. Benadryl) 	<ul style="list-style-type: none"> ┆ Cough Drops ┆ Hydrocortisone 1%//Anti-Itch Cream (i.e. Benadryl cream) ┆ Ibuprofen (i.e. Advil) ┆ Loperamide HCl (i.e. Imodium AD) ┆ Loratidine (i.e. Claritin) ┆ Menstrual relief (i.e. Midol) ┆ Sunscreen Lotion ┆ Vosol Ear Drop (i.e. Swim Ear)
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Medication Administration Instructions: "If medicine is present during YFC activities, that medicine must have written instructions present with it during the activity from a doctor, parent, or legal guardian."

Any medication, prescription or over-the-counter, brought to an YFC activity must have written medical instructions and dosage information from a physician, parent or legal guardian. All medications must be in the original container when issued.

Please use this space to describe all details of dosing and administering of the prescription, non-prescription medications, nutritional supplements participant is bringing with them, as well as any drug interactions that you are aware of with these medications prescriptions.

MEDICATION

TIME OF DAY

WITH FOOD?

THINGS TO CONSIDER?

Please provide in the space below any additional information about your participant's health that you think important or that may affect their ability to participate in YFC activities.



CONSENT AND RELEASE OF LIABILITY

Participant Name: _____

Permission to participate - Recognize accidents may happen when doing fun stuff and accept risks - Choose to come healthy - Hold YFC harmless - Consent to emergency medical treatment and costs - Media release - Behavior agreement for safety

1. RELEASE OF LIABILITY - "I give my permission to participate in YFC activities. I understand accidents can happen when doing fun activities and accept the risks. I or my child agree to come to YFC activities healthy."

I understand that the opportunity to participate in YOUTH FOR CHRIST/USA, INC., et al ("YFC") activities is a privilege. I am signing this Release of Liability form on behalf of myself or my minor child. I understand that my child or I may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games and events. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for myself or my minor my child, whether they are known or unknown to me at this time and certify that I or my child is healthy and fit to participate in all YFC activities. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters, affiliates, and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my child may have now or in the future against them for any accidental physical or other personal injury, loss of personal property, illness or death caused by infectious and/or contagious diseases or sickness while at camp or other YFC activities, or during YFC travel to and from camp or other YFC activities, and any medical responses to the same, as well as any other claims arising from participation in YOUTH FOR CHRIST/USA, INC. et al activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child, myself or any person made on their behalf. This Release specifically covers claims caused in whole or in part by any U.S. national health crisis, epidemic, pandemic, or similar widespread outbreak of disease whether or not such is formally declared by the U.S. government, the Center for Disease Control or the World Health Organization. YFC reserves the right to follow recommended CDC guidelines related to such pandemic, outbreak or disease and as such may choose at any time to send a participant home if presenting signs of sickness.

2. INDEMNIFICATION - "I agree to hold YFC harmless."

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by me or my child subsequent to his or her 18th birthday, including reasonable attorney's fees and costs.

3. AUTHORIZATION FOR MEDICAL TREATMENT - "If an accident happens and if I cannot be reasonably reached. I give permission for emergency medical treatment and promise to cover medical costs if treatment is needed."

I understand it may be necessary to have a medical consent form present for medical professionals in the unlikely event of an injury or condition requiring medical treatment of me or my child. This form gives YFC and its personnel the permission to take me or my child to the nearest, capable medical facility and have any necessary emergency treatment administered.

IF PARTICIPANT IS A MINOR: IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

IF PARTICIPANT IS 18 OR OVER: IN CASE OF EMERGENCY, AND AM UNABLE TO REPRESENT MYSELF, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY PERSON IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

4. MEDIA RELEASE - "YFC can use pictures and other media of me or my child participating in YFC activities for promotional purposes."

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH FOR CHRIST/USA, INC.

5. BEHAVIORAL AGREEMENT - "YFC hates sending participants home, but sometimes they have to. I recognize that."

I understand that illegal, immoral activity, or behavioral issues may result in the named participant being sent home at the expense of the parent/guardian. Activities would include but are not limited to: reasonable belief of possession and/or use of drugs, alcohol, weapons; sexually aggressive and/or inappropriate behavior; stealing; fighting; etc. YFC leaders will make reasonable effort to contact the parent/guardian to make arrangements before a participant is sent home.

I have read the above waivers/releases and understand what I have read.

I represent that I am the participant named below (if 18 or over) or the legal parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child to participate in this activity and ongoing YFC activities, I hereby consent to the foregoing on behalf of my child and agree that this release shall be binding upon me, my child, our heirs, legal representatives and assigns.

Parent/Legal Guardian Signature (or participant over 18): _____ Date: _____

Parent/Legal Guardian Printed Name (or participant over 18): _____

Contact Email: _____ Contact Phone: _____