

A completed and signed parental/legal guardian release must be received in office by Youth Outreach Ministry in order for the camper's registration to be finalized and to permit the camper to participate in camp activities.

Camper _____ Date of Birth _____

Mailing Address _____

City _____ State/Country _____ Zip _____

Parent/Legal Guardian _____ Cell Phone _____

Home Phone _____ Work Phone _____

Camp Dates June 5-9 June 12-16 June 19-23 June 26-30 July 3, 5-7
 July 10-14 July 17-21 July 24-28 July 31-August 4 (SCDC only) August 7-11 (SCDC only)

1. Does the camper have any current medical, emotional, behavioral, or physical conditions and/or any food or environmental allergies? (e.g., ADHD, ADD, ODD, anxiety, seizures, diabetes, peanut allergy, pollen allergy, etc.) Yes No If "yes," please explain. _____

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medications, vitamins/supplements, or essential oils to camp? Yes* No If "yes," please note the types of medication. _____

*If "yes" to question 2, an *Authorization for Administration of Medication* form must be received in office prior to attending camp. This form must be completed by both the parent/legal guardian and a licensed healthcare professional.

3. May the following over-the-counter medication be given to your camper by the camp nurse while at camp? (If left unchecked, option will be considered "no.")

- Yes No Acetaminophen (Tylenol)
- Yes No Calcium Carbonate (Tums)
- Yes No Diphenhydramine (Benadryl)
- Yes No Ibuprofen (Advil/Motrin)
- Yes No Auro-Dri (Swimmer's Ear)

Please list any medical history or conditions we should be aware of. _____

To authorize additional people to pick up your camper, please contact us at 850-969-1689.

I, the undersigned, certify that I am the parent or legal guardian of the minor child, younger than 18 years of age, ("Participant"), whose name and address are listed above. I acknowledge that the Participant has been provided with the opportunity to participate in all camp activities including field trips to the Planetarium and One-Room Schoolhouse, bowling, sliding down water slides, swimming in the pool, ice skating, and playing group games in the gymnasium occurring on the above selected dates, which shall take place on the campus of Pensacola Christian College, Inc., in Pensacola, FL ("PCC") and the campus of Pensacola Christian Academy, Inc., in Pensacola, FL ("PCA").

I understand and agree that I am assuming for myself, and the Participant named above, all risk of injury from going to the Planetarium and One-Room Schoolhouse, bowling, sliding down water slides, swimming in the pool, ice skating, and playing group games in the gymnasium.

I give permission for the Participant to take the OTC (over-the-counter) medication indicated by this release and hereby request the camp personnel to assist in administering said medication to the Participant as needed. I do hereby release and forever discharge YOM and its employees, agents, volunteers, and servants, together with its parent corporation and its subsidiaries and affiliates, and including the directors, officers, employees, and agents thereof, of and from any liability, damages, claims, demands, rights, actions, and causes of actions that might arise on account of any loss, damage, or injury to the Participant or expenses of whatever kind which may be sustained as a result of administering or failing to administer said medication.

I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks inherent in bowling, sliding down water slides, swimming in the pool, ice skating, and playing group games in the gymnasium. I further indemnify and save YOM, PCC, PCA, and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the Participant's participation in this camp or other activities during his or her stay at camp. I further understand that YOM does not provide medical insurance coverage for the Participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the Participant to attend the camp, participate in all the camp activities, and to be treated by a licensed healthcare professional in the event of any injury, accident, or illness, or other situation that may require medical attention. In the event that PCC's photographer or videographer captures an image or images of the Participant, singularly or in a group, I give permission for that image/those images to be used in future publications including webpages, brochures, videos, or promotions from PCC and its affiliates. Participants are teamed according to their age, grade, and birth gender. Registration fee is nonrefundable and nontransferable. No refunds are available if a Participant attends any part of a week. Participants that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Participants, sponsors, and all camp guests that display a nature or behavior that is threatening or dangerous to themselves, others, or the values of YOM and PCC may be subjected to dismissal. Any noncooperative or noncompliant Participants will be subject to dismissal. I understand that YOM reserves the right in its sole discretion to accept or deny admission and/or participation. If admission is denied, all deposits and monies paid will be refunded.

Parent/Legal Guardian's Signature _____ Relationship to Participant _____ Date _____