



# BreakOut '18 Summer Camp

## Registration Form

Camper's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

Camper Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in the Fall: \_\_\_\_\_ Gender (circle) **M** **F**

Camper Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Roommate Request (One only): \_\_\_\_\_

People Authorized to pick-up your child: \_\_\_\_\_

Initial: \_\_\_\_\_ ←

Permission to give your child over-the-counter medication if needed (circle) YES NO Initial: \_\_\_\_\_ ←

Please answer the following Questions. If answer is Yes, please explain:

1. Is camper allergic to any medications?( please list) \_\_\_\_\_
2. Camper Allergies?(please list): \_\_\_\_\_
3. Current Medication? (list): \_\_\_\_\_
4. Have you had a seizure in the last 12 months? \_\_\_\_ Are you on medication for this condition? \_\_\_\_\_
5. Do you have heart defects, disease, or high blood pressure? \_\_\_\_\_
6. Do you have debilitating back, knee, or similar structural disorders?: \_\_\_\_\_
7. Sprains, broken limbs, or surgeries in the past 12 months? \_\_\_\_\_
8. Are you or do you believe yourself to be pregnant? \_\_\_\_\_
9. Date of last tetanus shot: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group&Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please fill out BOTH SIDES of this form. (OVER)**

## Authorization for Treatment / Emergency Care

In the event of an emergency, I hereby give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp executive director to secure and administer treatment, including hospitalization, for the person named above. This complete form may be photocopied for trips out of camp. The health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted.

I agree to release and hold harmless Koinonia Camp, Arlington Memorial Baptist Church, & the Akron Area Youth Workers Network, it's employees and volunteers from any and all claims including, but not limited to physical or property damage suffered by my child as a result of attending camp or travel during camp. During travel, I understand that my child will be accompanied by a responsible adult and every precaution will be taken to safeguard the welfare of the campers.

## Physical Activity Release

Camp activities include, but are not limited to, hiking, swimming, low and high Koinonia Adventure Course activities, canoeing, horseback riding, archery and paintball adventure games. There are risks of physical injury or harm from participating in these and other activities. I voluntarily elect to participate (or allow my child to participate) in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Koinonia Camp & Conference Center, Arlington Memorial Baptist Church, & the Akron Area Youth Workers Network, their officers, employees, agents, and volunteers from all liability for any injury or harm to me (or my minor) from participating in said activities; whether or not the injury or harm is caused by the negligence of the above mentioned or otherwise. I have read and understood this release of liability.

Participation in the physical aspects of any or all outdoor initiatives is absolutely voluntary. I acknowledge the fact that not all of the stress and hazards connected with the activities can be foreseen. Some of the specific hazards I (or my child) might encounter include slipping and falling, bumps, bruises, cuts, scrapes, insect bites/stings, poison ivy, sprains, or other injuries. Facilitators will take every reasonable precaution to minimize exposure to known risks. I (and my child) have the personal responsibility to follow all the safety rules and guidelines given to me/them. I hereby personally assume all risks in connection with the activities and I waive all claims arising out of the guidelines given to me.

➡ Parent/Guardian must initial approved Koinonia Adventure Activities for minors; please initial all experiences you wish your child to have:

High Ropes \_\_\_\_\_ Paintball \_\_\_\_\_ Horseback Riding \_\_\_\_\_

\*\*Also please note that by registering your child for this camp, you are giving Koinonia Camp, Arlington Memorial Baptist Church, & the Akron Area Youth Workers Network permission to take and use photographs of your child for promotional purposes.

➡ Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Session Cost: \$325 if registered by June 11<sup>th</sup>, \$350 after June 10<sup>th</sup>

\*A NON-REFUNDABLE \$50 deposit (minimum) is required with registration.

Amount paid with registration: \_\_\_\_\_ Balance Due (upon arrival): \_\_\_\_\_

**Note:** Please send special *written* permission if camper must leave the grounds for games, practices, rehearsals, etc... during the camp week.

Please mail this form along with your deposit to:

**BreakOut Camp Registration**

**Attn: Craig Fullerton**

**2330 E. Market St.**

**Akron, Ohio 44312 (checks payable to AMBC)**