



Level Up Summer Camp Registration Form

Please complete this form for all children participating in the camp.

Last Name	First Name	DOB	Male or Female

Parent(s)/Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Primary Number: _____ Secondary Number: _____

Email Address: _____

Emergency Contact: _____

Relationship to Participant(s): _____

List any court-appointed restrictions:

Those authorized to pick up my child are:

Level Up Medical Form (Please fill out for each child)

Child's Name: _____

A. Does your child experience any of the following (if yes, please explain):

1. Allergies Yes or No Explain _____

2. Heart Condition Yes or No Explain _____

3. Diabetes Yes or No Explain _____

4. Headaches Yes or No Explain _____

5. Seizures Yes or No Explain _____

6. Motion Sickness Yes or No Explain _____

7. Fainting Yes or No Explain _____

8. Upset Stomach Yes or No Explain _____

9. Other: (please list) _____

Explain: _____

B. Does your child have a reaction to (if yes, please explain):

1. Bee Stings Yes or No Explain _____

2. Penicillin Yes or No Explain _____

3. Medications Yes or No Explain _____

4. Poison Ivy/Oak Yes or No Explain _____

5. Peanuts Yes or No Explain _____

6. Other: (please list) _____

Explain: _____

C. Please answer the following:

1. Does your child have any condition that would prevent him/her in participating in any activities? Yes or No (If yes, explain)

2. Does your child take any prescription medications? Yes or No (If yes, explain)

3. Does your child have any sight or hearing impairment? Yes or No (If yes, explain)

4. Has your child been diagnosed with any mental health condition? Yes or No (If yes, explain)

Please indicate any other pertinent information that the youth staff should know about your child:

By signing below, I confirm that all the information listed on this form is truthful and accurate. I understand that the ministry is concerned about the health and safety of my child and will follow the guidelines of this form in concerns to my child. I understand that neither the volunteers nor Mount Hermon Baptist Church accept any responsibility in the event that my child gets hurt or sick.

PLEASE SIGN:

(Parent/Guardian) (Date)

(Parent/Guardian) (Date)

PERMISSION SLIP

PERMISSION/MEDICAL RELEASE FORM

NAME _____ PHONE _____

ADDRESS _____ CITY _____ Zip Code _____

Birth date ____/____/____ Grade _____ School _____

PARENT/GUARDIAN'S NAME _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF MOUNT HERMON BAPTIST CHURCH IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DRUING ANY ACTIVITIES. In THE EVENT OF AN EMERGENCY, I HEREBY AUTORIZE AN ADULT LEADER OF THIS ACTIVITY TO ACT AS AN AGENT FOR ME, TO CONSENT TO ANY XRAY EXAMINATION, MEDICAL, DENTAL OR SURGICAL DIAGNOSIS TREATMENT AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

PARENT'S SIGNATURE : _____

Today's Date Month _____ Day _____ Yr _____

EMERGENCY PERSONS & PHONE NUMBERS:

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____

MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS _____

MEDICAL INSURANCE CO. _____

NAME OF POLICY HOLDER _____ POLICY # _____

YOU WILL NOT BE ALLOWED TO GO ON ANY YOUTH TRIP OFF CAMPUS WITH MHBC WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.