


Youth Camp 2008 
Registration and Medical Release Form
Adult Release of Liability Agreement

Church Information

Church Name _____
Mailing address _____ Telephone _____

General Information (Please Print)

Name _____ Circle M / F Age _____ Date of birth _____
Address _____
Home Phone _____ Work Phone _____ Cellular Phone _____
Emergency contact persons _____ Emergency phone number _____

Medical Insurance Information:

Your Insurance Carrier will be billed for medical expenses in case of illness or injury. Group # _____
Insurance Company _____ Policy # _____
Primary Insured's Name _____ Personal Physicians Name _____
_____ Phone Number _____

Do you require any special medical attention? _____. If yes, explain _____

Do you require any special medication? _____. If yes, list dosage and instructions _____

Do you have any allergies? _____. If yes, list allergies _____

In the event of an emergency, I the undersigned, hereby consent and authorize permission for emergency medical treatment, not limited to, but including, hospitalization, anesthesia, injections, surgery or whatever is deemed necessary by medical professionals for my personal care and well being

Signed _____ Date _____

I the undersigned, acknowledge that I am a legal adult (18 years old or older) agree to release Calvary Chapel of Nashville, it's leaders, employees, or volunteer staff, and all Youth Camp 2008 staff, from any liability for any damages, losses, diseases, illnesses, or injuries incurred resulting from participation in Youth Camp 2008.

I have reviewed and understand all written information and activities in reference my participation in Youth Camp 2008, and thereby agree to participate in the stated activities of the camp.

Participant Signature _____ Date _____