


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

Church Information

Name of Church _____ Telephone _____

Mailing address _____

General Information

Name of minor _____ Circle M / F Age ____ Date of birth _____

Parent or Guardian Name _____ Relationship to minor _____

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 _____

Does minor require any special medical attention? _____ If yes, explain _____

Does minor have any allergies? _____ If yes, list allergies _____

In the event that I cannot be reached in an emergency, I 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 the care of (minor) _____. I/we 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, or injuries incurred by said minor (minor), _____.

I have reviewed the information and activities in reference to Youth Camp 2008, and I hereby give permission for the subject of this release, (minor) _____ to participate in the over-all activities of the camp.

Participant Signature (minor) _____ Date _____

Parent/ Guardian Signature _____ Date _____