





**YOUTH**

# 2019 PFYOUTH CAMPER CONSENT & AGREEMENT FORM

**(REQUIRED)**

(1 PER STUDENT—PARENT AND CAMPER SIGNATURES REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First) \_\_\_\_\_ Church City / Church Name \_\_\_\_\_

Camp Attending:  Youth Camp 1  Youth Camp 2  Youth Camp 3  Youth Camp 4  Kids Camp 1  Kids Camp 2

## CAMPER BASIC INFO

Camper Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

## HEALTH CARE INFO

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Policy and/or Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_  
(First) (Last)

Coverage Start: \_\_\_\_\_ Coverage End: \_\_\_\_\_  **Above Camper is not covered by medical insurance of any kind.**

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Peninsular Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I understand that should such treatment be necessary that the Peninsular Florida Assemblies of God summer camp provides only *secondary* insurance, and begins where the camper's primary health and accident insurance policy has been extended to its limits. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Masterpiece Gardens Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, this is not always possible.

We give full permission to Peninsular Florida Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student.  AGREE  DISAGREE

Water Baptism: Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized.

If my child desires to be baptized,  I GIVE  I DO NOT GIVE my child permission to be baptized.

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

**SIGN HERE:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
DATE

Rev 01/16/19

\_\_\_\_\_  
CAMPER SIGNATURE

\_\_\_\_\_  
CAMPER NAME (PRINT)

\_\_\_\_\_  
DATE



# 2019 PFYOUTH CAMPER MEDICATION FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)

(1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First) Church City / Church Name

Camp Attending:  Youth Camp 1  Youth Camp 2  Youth Camp 3  Youth Camp 4  Kids Camp 1  Kids Camp 2

**If your camper needs to bring any medication to camp, please complete this information within 24 hours prior to your camper's arrival. All medications must be in the original containers.** Place all medication containers in a plastic re-sealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid table during camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case one is lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the first aid director.

**NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.**  
**Medical personnel in the sick bay must administer all camper medications.**

Name of Medication	Dosage	Time to be given	Signature & Time Given (First Aid Director Use Only)			

Medications will be given as directed on prescription containers. Explain any differences in instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

**SIGN HERE:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
DATE

HOLD HARMLESS, MEDICAL TREATMENT, MEDIA RELEASE, and EVENT PERMISSION FORM



Event & Location: **KIDS CAMP – Masterpiece Gardens A/G Center – 3900 Great Masterpiece Rd, Lake Wales, FL**

**This form must be accompanied by the Christian Life Center Health Form.**

Minor's Last Name \_\_\_\_\_ Minor's First Name / Nickname \_\_\_\_\_  
Minor's Birthday \_\_\_\_\_ Minor's Home Phone # \_\_\_\_\_ Gender M / F  
Minor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Person(s) to contact in case of an emergency: (complete all blanks that apply)  
Mom/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Dad/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Who is authorized to pick up and leave with this minor? List all who apply: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree to these statements and conditions for \_\_\_\_\_ ("my minor")  
(please print name of parent/legal guardian) (please print name of minor)

as this agreement pertains to my minor's participation with **Christian Life Center ("The Church")**, 2699 West Commercial Blvd Fort Lauderdale, FL 33309 activities/events, in specific for **KIDS Camp at Masterpiece Gardens in Lake Wales, FL**. All copies, facsimiles, and reproductions of this document shall be as valid as the original.

**Section 1. HOLD HARMLESS**

I hereby consent to participation, by my minor listed above, in the activities/events of The Church. I do hereby release The Church, its directors, employees, land owners, and agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property and expenses, of any nature whatsoever which may be incurred by me or my minor while my minor is participating in the above-described activity including recreation, work activities, and transportation. I further hereby agree to hold harmless and indemnify The Church, its directors, employees, land owners, and agents for any liability sustained by said acts of my minor, including expenses incurred attendant thereto.

**Section 2. EMERGENCY MEDICAL TREATMENT PERMISSION**

I understand that on rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment can develop. I understand that the designated supervisor of The Church events/activities will attempt to contact me prior to exercising this emergency treatment consent. I understand that this emergency treatment consent is important to prevent delays if an emergency does occur and The Church is unable to contact me. In the event of injury or illness to my minor, I hereby authorize a designated activity supervisor of The Church to give consent to whatsoever medical treatment the representative deems necessary, including the administration of anesthetic and surgery, and do here release and hold harmless The Church, its directors, employees, land owners, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of my minor.

**Section 3. MEDIA RELEASE**

I understand that The Church collects, records, publishes, posts, transmits, and displays audio/visual "media" (images, recordings, videos, and other media) to further its ministry purposes. With this understanding, I give permission for media of my minor above to be collected, recorded, published, posted, and displayed to further the ministry purposes of The Church. I hereby voluntarily release and hold harmless The Church, its directors, employees, land owners, and agents acting officially or otherwise, from all manner of suits, actions, claims, demands, and liabilities which may arise from my minor's media participation. This release applies to all media displayed publicly, on the church web site, via emails, or in any way made available for viewing or listening by The Church or general public. I understand that all media remains the property of The Church, and waive all rights to original media, copies of media, royalties, entitlements, payments, or any other compensation or quid pro benefits which might arise from The Church's acquisition, storage, display, publication, posting, or distribution of media of my minor. I understand that this document constitutes a full and complete waiver of all possible claims of any nature whatsoever, including claims of negligence, personal injury or property loss, or damage, arising out of my minor's participation.

**Section 4. EVENT PERMISSION**

I hereby consent to participation, by my minor listed above, in the activities/events of The Church.

**DO NOT SIGN WITHOUT NOTARY PRESENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian, please sign here) (Date of Signature)

Parent/Guardian/Comments: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019 \_\_\_\_\_  
(Name of Parent or Legal Guardian)

\_\_\_\_\_  
Notary Public



2699 W Commercial Blvd, Fort Lauderdale, FL 33309 – 954-731-5433

**CLC HEALTH FORM**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Sex M / F Height \_\_\_\_\_ Weight \_\_\_\_\_

**Emergency Contact Person:**

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alternate Contact Person: (use someone near the primary contact)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If you have medical insurance, your carrier will be billed for the medical charges in the case of illness or injury while your child is at the activity.**

**Do you have health insurance? Yes / No**

Name of Insurance Company:

\_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance (Subscriber)? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

*If your child should require medical attention for injuries received or illnesses contracted prior to activities, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.*

**Health History:**

Pre-existing or present medical conditions \_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Insect Stings \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Epilepsy/Nervous Disorder \_\_\_\_\_ Frequent Stomach Issues \_\_\_\_\_ Physical Handicaps

*If any of the above are checked, please give details (i.e., include normal treatments of allergic reactions)*

Any major illness during the past year? Yes / No (if yes, please explain below)

Date of Last Tetanus Shot \_\_\_\_\_

Contact Lenses? Yes / No

Any swimming restrictions? \_\_\_\_\_ Yes / No Specify: \_\_\_\_\_

Any activity restrictions? Yes / No Specify: \_\_\_\_\_