

2016-2017 EBBC Youth Events Registration Form

Name: _____

Grade: _____

Address: _____

Parent Cell Phone: _____ Student Cell Phone: _____

Home Phone: _____

Parent Email: _____ Student Email: _____

Shirt Size: _____

Attending Fall Retreat? November 11 th -13 th , 2016 (\$65 due by Monday, October 26 th at 12:00 PM; Cost will be \$75 after this time, as space is available)	YES	NO	
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Attending Disciple Now? February 17 th -19 th , 2017 (\$45 due by Wednesday, February 1 st , Cost will be \$55 after this time, as space is available)	YES	NO	REGISTERING LATER
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Attending Fuge? June 11 th - 17 th , 2017 (\$325 Total Cost, \$50 Deposit due to reserve space)	YES	NO	REGISTERING LATER
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Attending Project Pensacola? July 16 th - 21 st , 2017 (\$65 by June 30 th at 12:00 PM, \$75 after this time, as space is available)	YES	NO	REGISTERING LATER
<u>Preferred Ministry Types? (1st-3rd Choice)</u>			
<input type="checkbox"/> Children	<input type="checkbox"/> Social	<input type="checkbox"/> Painting/Construction/Yard Work	<input type="checkbox"/> Drama <input type="checkbox"/> I'm flexible!

TOTAL COST: _____

Please return this registration form along with payment to reserve a spot. The parental release form and medical form will need to be turned in with the registration form or soon after.

2016-2017 Parental Release Form
East Brent Baptist Church, Pensacola, FL
(Please print)

I, _____
(Parent or Guardian ... Please Print)
of the city of _____, state of _____, hereby affirm that my

child _____
(Child's Name ... Please Print)

shall be participating on the following date(s) (please initial all that apply)

___ **Fall Retreat**

___ **Disciple Now**

___ **Local Mission Trip**

___ **Camp**

___ **Other East Brent Youth Events**

Hereinafter referred to as "the Activity".

I certify that I am cognizant of inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, away from, or on, church premises.

I understand and agree that East Brent Baptist Church, nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity.

I further release The East Brent Baptist Church of Pensacola Florida, its trustees, instructors, agents, and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless East Brent Baptist Church of Pensacola Florida, its trustees, instructors, agents, and representatives from any claim by me or my family, estate, heirs, or assigns arising out of my child's enrollment and participation in the Activity.

I also authorize East Brent Baptist Church of Pensacola Florida to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.

I am willing to allow my child's picture to be used for church purposes, individually or in a group setting.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the ___ day of _____ 20__.

Signature _____ Print Name _____

**PARENT CONSENT/MEDICAL TREATMENT FORM
EAST BRENT BAPTIST CHURCH**

I, the undersigned parent/legal guardian, do hereby make, constitute and appoint, Dan Bellamy and/ or any other adult representative of East Brent Baptist Church appointed by them in writing as my true and lawful attorney in fact to act in my name, place, and stead for the limited purpose of providing informed consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment for my Child, _____, including hospital care and other medical services rendered by, or under the supervision of, any physician or surgeon, whether on the medical staff of such hospital or in the office of such physician or surgeon. Further, my attorney in fact is authorized to obligate me for the expenses or cost associated with obtaining such medical treatment of the child, and to execute any documents required by such physician, surgeon, or hospital to obtain such services.

(Please print the following information)

Name of Participant: _____ Grade _____

Gender: Male Female (circle one) T-Shirt size: _____ (S, M, L, XL, XXL)

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone _____ Pager Number: _____

Person to Call In Case of Emergency: _____

Phone: _____

Other: _____

Phone: _____

Insurance Company or Group: _____

Policy Number: _____

Does your child have any allergies to drugs or foods?

List: _____

Does your child suffer from any of the following? (Check all that apply)

Car Sickness _____ Nosebleeds _____ Headaches _____ Stomach Aches _____ Sinus _____

Trouble _____ Other: _____

Name of drug(s) used for the above checked:

Does your child take any medication regularly: ___Yes ___No

If your child has been recently ill., state nature of illness:

If there are restriction on child's activity, please note:

This information will be confidential to youth sponsors. Permission is hereby granted to the sponsors to administer to my child nonprescriptive medicine, should, the need arise. In the event of accident or illness, I will not hold the East Brent Baptist Church, Pensacola or sponsors responsible.

This release is effective _____ to _____. (Up to one year)

Signature of Parent or Guardian:

Signature of Witnesses:

STATE OF FLORIDA
COUNTY OF Escambia

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who personally appeared before me and who is personally known to me or who has produced _____ as identification.

Print Name: _____
Notary Public, State of Florida
Commission No. _____
My Commission Expires: _____

Camp Victory CBM of South Alabama, Inc. Activities Waiver and Release

Participant's Name (please print); _____
Name of Group: _____ **Date of Activity:** _____

Camp Victory strives to conduct its camping programs and activities in a safe manner and holds the safety of all participants in highest regard. In participation in the Challenge Course, climbing wall, horseback riding, archery, riflery, boating and swimming activities at Camp Victory, participants must recognize that there is an inherent risk of injury associated with these activities. Camp Victory seeks to reduce these risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants. Furthermore, the Camp Victory Challenge Course and climbing wall were constructed by a professional company according to nationally recognized industry standards, are inspected by the same company, and are facilitated by trained instructors. Participation in the challenge or climbing activities is operated under Challenge by Choice (each participant chooses for him or herself the extent of participation for specific activities).

I understand that these activities may involve significant physical activity and that certain risks and dangers do exist resulting from but not limited to slips, falls, equipment failure, the hazards of being in a wilderness-type setting, the forces of nature, and other acts of God. I assume and take on myself the risks and responsibilities associated with this activity and this environment. In consideration of being permitted to participate in this activity, I release, waive, forever discharge, and covenant to hold harmless the board members, staff, and employees of Camp Victory from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from, or in connection with, my participation in any activities arranged for me by Camp Victory and its staff. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

In the event of an accident or illness, Camp Victory will make every effort to provide first aid and, is granted permission to authorize emergency medical treatment, if necessary. Further, I agree that Camp Victory assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

I have carefully read this document and understand and agree to all of the above.

Participant Signature: _____ **Date:** _____
Address: _____ **Phone:** _____

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If participant is under the age of 18, a parent or guardian must sign below.

I give my permission for (name of minor) _____ to participate in a challenge activity at Camp Victory on _____ (date).

Parent or guardian signature: _____ **Date:** _____

Phone number or contact information of Parent/Guardian: _____

Emergency contact: (Name) _____ **(Phone #)** _____

Please list any activity restrictions or participant condition(s), illness or other injury that may restrict participation of the above named participant; any allergies to medication, insects, environment, etc; any medications being taken by the participant (if none, write NONE):

FUGE Release Form

Group Leaders: Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at camp. **Attach a photocopy of insurance card.**



Camper's Info:

Participant Name _____ Age _____
Date of Birth: ____/____/____ Grade Completed (campers only): _____
Address: _____ City: _____ ST _____ ZIP _____
In case of an emergency notify: _____ Relationship to camper: _____
Phone Numbers-Home:(____) _____ Work:(____) _____ Mobile:(____) _____ Other:(____) _____

Church Information:

FUGE Venue: _____ Name of Church: _____
Group Leader: _____ Group Leader's cell # at Camp: (____) _____
Church Address: _____ City: _____ ST: _____ ZIP: _____

Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor
If Fair or Poor, please explain the condition: _____
List any medical difficulties which are currently being treated: _____
Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
 Diabetes Dizziness Stomach Upset Hay Fever _____
List any any medicines or substances to which you are allergic: _____
List any previous operations or serious illnesses _____
List any medications you are currently taking: _____
List any special diet or special needs: _____
Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____
Date of Tetanus Immunization: ____/____/____
Family Physician _____ Phone: (____) _____
Insurance Co. _____ Policy #: _____
Subscriber Name: _____ Subscriber Number: _____ Employment: _____
Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the FUGE Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Recreation- The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics, (not available at every FUGE venue). You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to www.FUGE.com and follow the specific link to the camp venue's Group Leader Information.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/arbitration organization for binding resolution.

Copy to Camp Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature (only if 18 yrs of age or older): _____ Date: ____/____/____
Parent/ Guardian Signature: _____ Phone: (____) _____
Date: ____/____/____

Notary Acknowledgement: State of _____ County of _____ On _____
before me, _____, Notary Public, personally appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____ My commission expires: _____

