



# 2024 SUMMER YOUTH WEEKS



## PARTICIPANT FORM

**\*\*Bring TWO notarized originals of this form to registration. One copy will be kept in the Caswell Reception Center, and one copy will be kept by the church. Attach a photocopy of insurance forms or cards.\*\***

Participant Name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Medical Profile

Generally, the participant's health is: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor (check one)

If fair or poor, please explain the participant's condition: \_\_\_\_\_

List any medical difficulties for which the participant is being treated: \_\_\_\_\_

Check any of the following that cause the participant problems and explain: \_\_\_\_\_

- Asthma       Sinusitis       Bronchitis       Kidney trouble       Hay fever
- Heart trouble       Diabetes       Dizziness       Upset stomach

List any medicines or substances to which the participant is allergic: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications the participant takes: \_\_\_\_\_

List any special diets or needs: \_\_\_\_\_

Check any of the following childhood diseases the participant has had:

- Chickenpox       Measles       Whooping cough       Mumps

Date of last tetanus immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_

### Permission for Medical Treatment, 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 my child. Also, I understand that as a participant, 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 the Baptist State Convention of North Carolina (BSCNC), camp or event sponsor, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present or future, arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify the BSCNC of any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by the BSCNC.

### Complete and sign below (youth under 18 years of age require parent/legal guardian signature)

Participant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Notary Acknowledgment (Notary, please affix seal to both sheets)

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: \_\_\_\_\_

The \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_