

DO NOT MAIL THIS AHEAD OF TIME! BRING THE COMPLETED FORM TO CAMP WITH YOU!

Fall, Winter, Spring Retreats
Crossways Lutheran Camping Ministries Health History/Consent Form

Event Name: _____ **Date:** _____

PARTICIPANT INFORMATION (please print)

Name: _____ Sex: M F Birthdate: ___/___/___

Home address: _____
Street Address City State Zip

Home phone: (____) _____ Parents Names: _____

If parents are not available in the event of an emergency, notify:

Name: _____ Relationship: _____

Phone: (____) _____ Address: _____

Health Insurance Company: _____ Policy #: _____

Please list any current or previous health conditions or allergies that leadership should be aware of: _____

Please list any medications the participant is currently taking, including dose and schedule: _____

PARENTAL AUTHORIZATION: MUST BE SIGNED BY PARENT/ GUARDIAN IF CAMPER IS UNDER THE AGE OF 18!

My child has permission to take part in all retreat activities and I agree that the camp, or its personnel, will not be held responsible for accidents or personal injury arising therefrom. In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the camper. In the event I cannot be reached I hereby give permission to the medical examiner selected by the Crossways staff to hospitalize, to secure proper treatment for, to order an injection, anesthesia, or surgery for my child as named on this form. *I understand that Crossways does not provide medical insurance.*

I further understand that if it is necessary for the camp to send my child home before the end of the program he/she is attending, whether for disciplinary or other reasons, that I will pick him/her up as soon as possible after receiving notification to do so. I additionally authorize Crossways Camping Ministries to use picture(s) or other likeness of the camper named above in promotional brochures, videos, its website, etc., without prior notice. (No identifying information will be printed/posted.)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARTICIPANT AGREEMENT: As a participant in this event I do hereby agree to abide by the guidelines and policies set by crossways and my Advisors. I understand that I will be held responsible for my own actions and agree to report all injuries I experience, and pay for any damages I intentionally cause.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

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