

Ascend Camp
Participant Information Form

PERSONAL INFORMATION – Please Print Clearly

Participant’s Name: _____

T-shirt size (adult unisex): S | M | L | XL | XXL | >XXL: _____ **Date of Birth:** ___/___/___

Grade as of Fall 2021 (circle): 6 | 7 | 8 | 9 | 10 | 11 | 12 | Grad | Staff **Gender:** M | F

PARENT INFORMATION (for students only)

Name(s): _____

Primary Cell: _____ **Secondary Cell:** _____

Email: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy / Member Number: _____ **Company Phone:** _____

Group Number: _____ **Physician’s Name:** _____

MEDICAL HISTORY

Please mark all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Other (list): |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Insect Sting Allergies | _____ |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Physical Disability | _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Disability | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Last tetanus shot: ___/___/___ | _____ |
| <input type="checkbox"/> Asthma | | |

Special Notes:

Ascend Camp
Release of Liability Form

Participant's Name: _____ **Date of Birth:** ____/____/____

Emergency Medical Treatment:

I, the under-signed, acknowledge that Ascend Camp does not provide medical diagnosis and treatment. Basic first aid is provided by a designated health staff person selected by Mission Road Bible Church. In the event of an injury or illness should it become necessary for the above-named participant to receive professional medical, surgical or dental treatment, I give permission to secure such treatment. In the event that a parent cannot be reached, I authorize camp personnel to give the necessary parental consent for a licensed Physician or Dentist to administer emergency treatment. This permission also includes transportation to and from necessary facilities. I understand that Mission Road Bible Church is not obligated to carry any insurance to cover those medical and or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

Medication:

I understand that all medication (both prescription or over the counter) brought to camp by the participant will need to include written permission from parent or guardian with directions for its dispensing. I understand that all Medications brought to camp must be turned in to staff and will be dispensed and returned at the end of camp. Participants will not be allowed to keep medications in their rooms. Medication should be kept in its original container and labeled and marked with the participant's name and dosage instructions.

Basic over the counter medications listed below will be available and dispensed at the discretion of the health staff. Your signature on this release form gives your authorization to dispense those medications to the participant at camp when necessary, unless specified below.

- Acetaminophen (Tylenol)
- Ibuprofen
- Antihistamine Diphenhydramine (Benadryl)
- Antacid Tablets like Tums or Rolaids
- Sunscreen, topical ointments for treatments of bites, cuts, or scrapes

Please list any medications the participant cannot receive from the above list:

Activities:

I hereby authorize the participation of the above-named participant in activities of Mission Road Bible Church at Ascend Summer Camp. In consideration of Mission Road Bible Church providing these activities, I, on behalf of myself and other parents and guardians of the minor, do hereby release Mission Road Bible Church, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on the camp premises or on the way to or from these activities. I agree to direct the participant to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities. Should the above-named participant not do so, and should those leading an activity believe it necessary, I will come and remove the participant from the activity as soon as possible after being called by a staff representative for that purpose. I understand and agree to leadership having access to the participant's room when necessary.

This authorization shall remain effective until revoked in writing delivered to Mission Road Bible Church.

Parent/Guardian* Name: _____

Parent/Guardian* Signature: _____ **Date:** ____/____/____

*Students/Leaders over 18 years old must sign & date with own name.