Activity & Medical Release

FRBA Missions Camp at Camp Tehama **July 30 – Aug. 3, 2017**

Participant's Name:____

Address: ____

City/State/Zip: ____

Church: _______________________________________

Age: ________ **Birthday:** ____________________ **Grade Completed:** ______________

Name of Parent/Guardian: _______________________________________

Address (If different from above): _______________________________

City/State/Zip: ____

Employed by: ____

Phone Number (_____)____________________ **Cell Number: (_____)____________________**

May photographs taken of this participant be used for promotional purposes? _____ yes _____no

For Office Use Only

Participant's Name: ____

Are you currently taking medicine or treatment? _____ **yes** _____ **no**

If yes, explain: ____

Have you been restricted from sports or swimming for any reason? _____ **yes** _____ **no**

If yes, explain: ____

Date last Tetanus Toxoid Immunization: **Month:** ______________________ **Year:** ____________

Have you ever had a severe reaction to a bee / hornet sting or insect bite? _____ **yes** _____ **no**

Do you have: _____ **sinus trouble** _____ **hay fever** _____ **heart trouble** _____ **epilepsy**
_____ **asthma** _____ **diabetes**

List any Allergies:
Food: ____

Drugs: ____

Other Medical Needs: ____

____

Insurance Company: ____

Policy Number: ____

If I cannot be reached, please notify: ____

Phone Numbers: ____

Anything else we should know about the participant: ____

EMERGENCY MEDICAL AUTHORIZATION & ACTIVITY WAIVER

In consideration of the permission granted to the participant named above, by the above-named Sponsor, to participate in the above described Activity, I hereby release said Sponsor, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said Sponsor and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described activity.

In the event of an emergency, I hereby give permission to the church-appointed sponsors, FRBA staff, and/or camp personnel, who are with my child (above-named participant) at the above mentioned event to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this __________ **day of** __________________ **2017.**

Participant's Signature: (If 18 or older) ____

Parent / Guardian's Signature: ____