



PARTICIPANT FORM



* Bring notarized original and a copy of this sheet to registration*
Attach a photocopy of health insurance form or card

Participant Name _____ Age _____ Date of Birth ____/____/____
Address _____ City _____ State _____ Zip _____
Name of Church _____ Address _____ City _____ State _____ Zip _____
In case of an emergency notify: _____ Phone Numbers - Home:(____)
Work: (____) Mobile:(____) Pager:(____) Other:(____)

Medical Profile

Generally, Participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and 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 _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission, Acknowledgement, Release, Indemnity

I, the undersigned Parent/Guardian and Participant, as applicable, hereby:

A. Permission For Medical Treatment: Grant my permission 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, as applicable, and hereby give permission for medical personnel to administer medical care to me or my minor child, as applicable, as necessary.

B. Recreational Activities Acknowledgement and Permission: Acknowledge that (a) participation in outdoor programs and recreational activities, including but not limited to, mountain biking, horseback riding, snow-tubing, paintball shooting and challenge course games, all involve inherently dangerous activity and involve risks that may cause serious injury and in some cases death (b) serious risks and injuries related to such activities include, but are not limited to hypothermia, various changes in weather, snow or ice, various changes in terrain, dehydration, heat exhaustion, heat stroke, broken bones, strains, sprains, cuts, scrapes, bruises, concussions, and heart attacks, (c) specific dangers related to horseback riding include but are not limited to the unpredictable nature and behavior of the horse, unpredictable movements, changes in terrain and weather, collisions with other horses, persons or objects, (d) and there are other risks and dangers inherent in such activities, also in the training for, participation in, and travel to and from such activities, (e) in the games, paintballs will be fired at Participant at a high velocity, (f) if safety equipment, such as goggles, helmets and ear protection, are not worn at all times, the risk of serious injury increases dramatically, (g) Participant assumes all of the aforesaid risks, (h) it is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations and training, (i) Participant's participation in such activities constitutes an acknowledgement that Participant understands the rules of play and will comply with all rules and regulations, and (j) if Participant observes any unusual or unnecessary hazard during his or her participation, Participant will bring such hazard to the attention of the nearest official as soon as practical.

