

MOESSIAH DAY CAMP (August 2-5, 2021)

YOUTH INFORMATION/MEDICAL HEALTH FORM

PERSONAL INFORMATION:

Name: _____

Address: _____

(City) _____ (Zip code) _____

Student Phone Number: _____

Gender: M F Grade: _____ Date of Birth: _____

Parent/Guardian - Name: _____

Parent/Guardian - Cell Phone: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Number: (Include Area Code) _____

Release From Liability: *Guardians hereby authorize my child to participate in the MOESSIAH DAY CAMP (Aug 2-5, 2021). Guardians hereby release, forever discharge, and agree to hold harmless Messiah Lutheran Church and Moe Lutheran Church, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the MOESSIAH DAY CAMP. The undersigned further hereby agrees to hold harmless and indemnify Messiah Lutheran Church and Moe Lutheran Church, its directors, employees, and agents for liability sustained by said acts of said participant, including any expenses incurred. **The undersigned also gives permission for photos to be used online and in print.***

Medical Release: *The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify Messiah Lutheran Church and Moe Lutheran Church, its directors, employees and agents from any acts of misconduct, and/or failure to act on the part of those chosen to administer medical aid on behalf of the participant.*

_____ **(Insurance provider)**

_____ **(Policy number)**

(Please have a copy of your medical insurance card attached to this form)

_____ **(Group number)**

_____ **(Allergies, if any)**

_____ **(Other medical concerns)**

For Parent/Guardian Signature: I understand that if my child's behavior becomes intentionally disruptive to staff or other participants, I may be contacted by DAY CAMP STAFF to provide immediate transportation home.

Parent/Guardian Signature: _____ Date: _____

For Student Signature: *I understand that I am to be a full participant in the MOESSIAH DAY CAMP (August 2-5). I will comply with the guidance of all MOESSIAH DAY CAMP STAFF and will strive to represent myself in a positive and respectful manner with the Day Camp Staff and all other participants. If I cannot live by these expectations, I may be asked to contact my parents/guardians to arrange immediate transportation home:*

Student Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO: Messiah Lutheran Church, 502 9th Avenue NE, Roseau, MN 56751