

2018-19 SWCC WINTER RETREAT CAMPER RELEASE FORM (1/3/19-1/6/19)

(USE ONE FORM PER CAMPER, WRITE CLEARLY WITH INK, AND RETURN WITH PAYMENT; SEE BELOW FOR PAYMENT DETAILS)

M / F

Last Name First Name Gender Current Grade (6th -12th) Age

Father / Mother / Guardian Name Home # Emergency # Email Address

HEALTH RECORD (USE BACK OF PAGE IF NECESSARY)

Please check all immunizations received: Polio Tetanus Diphtheria Whooping Cough Typhoid
Has youth had any of the following (if yes, check appropriately): Chicken Pox Mumps Measles
Is youth subject to any of the following (if yes, check appropriately):
 Abscessed Ear Diabetes Poison Ivy Allergies Fainting
 Rheumatic Fever Sinus Infection Heart Trouble Asthma Bronchitis
 Kidney Trouble Sleepwalking Lung Trouble Wasp Sting (allergic reaction)
 Convulsions / Seizures
Has your youth had swimming lessons? Yes No Does your youth know how to swim? Yes No
Is your youth allowed to participate in water activities under adult supervision? Yes No
List any known allergies and recommended treatments: _____
Do you have any medications or other conditions and/or restrictions that may require attention by the nurse or staff? Continue on back if necessary. _____

READ AND INITIAL: PARENT YOUTH
We have read and understand the Rules and Regulations information. _____
We have read and understand the Letter of Spiritual Intent. _____

AUTHORIZATION, RELEASE AND INDEMNITY AGREEMENT

State of Texas, County of Travis—

KNOW ALL MEN BY THESE PRESENTS:

That I (we), the undersigned are the father, mother, or legal guardian of the above named minor, herein after referred to as "youth".

I (we) do hereby agree that youth may attend and participate in the activities of the camp under the supervision of the officials of the camp and will abide by the rules of the camp and sponsors. That I (we) do further agree to forever release, acquit, discharge and covenant to hold harmless the HEB Foundation Camp, its successors and assigns, the Southwest Church of Christ and other participating congregations as sponsors of the camp, herein after known as "sponsor," of and from any and all actions, causes of action, claims, demands, costs, loss of services and compensation on account of or in any way growing out of any loss or injury that may be sustained by youth and also all claims or rights of action for damages while youth may hereafter have arising from youth's attendance at the camp including any and all claims for damage of injury arising from the negligence of the camp or any of its employees, agents, directors, and/or volunteers. We further promise to bind ourselves, jointly and severally, and repay to the said camp, its successors and assigns any sum of money that the

camp may hereafter be compelled to pay to or on behalf of youth because of any accident or injury arising out of youth's attendance at the camp.

I (we) further acknowledge that the camp and sponsors will rely upon the Authorization, Release, and Indemnity Agreement in allowing youth to attend the camp.

Authorization for Medical Treatment

Furthermore, in the event that my (our) youth becomes ill or is injured while at the camp I (we) authorize the camp nurse or an individual under the direction of the camp nurse to provide necessary care to my (our) youth. I (we) recognize that the care may include basic first aid, administration of medications (i.e. labeled prescription medications and appropriate over-the-counter medications including, but not limited to acetaminophen, ibuprofen, Pepto-Bismol) and more advanced care if necessary. I (we) further authorize the camp nurse or designated individual to seek further medical treatment when and where appropriate and to release appropriate medical information regarding my (our) youth to individuals providing medical care or third party payers.

As the parent(s) or legal guardian(s), I (we) have provided to the camp nurse appropriate medical information including known allergies, medical history and currently prescribed medications and treatments.

Signature of father / Guardian Date Signature of mother / Guardian Date

RETURN TO: Southwest Church of Christ, Attn: Winter Retreat, 8900 Manchaca Road, Austin, TX 78748.

Make checks payable to: **SOUTHWEST YOUTH ACTIVITY FUND**

COST: \$30 for each attendee, camper or adult (price includes a long-sleeve T-shirt)

We ask that registration forms should be received by the Southwest office **no later than Friday, December 14th** and are accepted as first come first serve.