

YOUTH CAMP - PASTORAL RECOMMENDATION, PARENTAL MEDICAL CONSENT & CAMPER AGREEMENTS

CAMPERS LEGAL NAME: _____

Age _____ Sex _____ Date of Birth ____/____/____

PASTOR'S RECOMMENDATION:

As pastor of the above named individual, I recommend that this person be enrolled in camp.

Pastor's Signature _____ Cell Phone _____ Date ____/____/____

EMERGENCY CONTACT:

Parent/Guardian Name _____

Home Phone: _____ Work Phone _____ Cell Phone _____

PARENTAL/LEGAL GUARDIAN + MEDICAL CONSENT

The undersigned participant and his/her parent/legal guardian agree to hold MS District UPCI, it's employees, officers, and volunteers from any claims, damages, losses, and /or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. Signature of this agreement also warrants that participation in this camp is voluntary and that the participant and undersigned understand the inherent risks involved in the camp's activities. The participant understands that these risks exist despite the camp's safety precautions and procedures and the participant agrees to obey all rules and policies mandated by camp personnel.

The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all camp activities and that there is and will be adequate health insurance in force for the term of the camper's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries, or illnesses that may result from participation in the camp activities and that the camp's medical form has been completed, signed, and dated.

The undersigned participant and his/her parent/legal give the MS District UPCI and its representatives permission to provide emergency medical response and /or treatment as needed for any injury or illness that may occur while the participant is involved in camp activities and agree to release the Mississippi District UPCI and its representatives from all liability arising out of such treatment. In addition, as the participant's parent/legal guardian, I hereby give the undersigned participant permission to participate in any and all District Approved camp activities, either on or off the campgrounds.

Parent/Legal Guardian Signature _____ Printed Name _____

Relation _____ Date ____/____/____

CAMPER AGREEMENT:

I AGREE TO OBEY ALL CAMP RULES AND REGULATIONS WHILE ENROLLED AT CAMP.

NOTICE: No jewelry (necklaces, earrings, bracelets, etc), No make-up (including foundation or base), No dresses or splits above the knees, no fish-type shirts, no sleeveless shirts or blouses, nor any apparel that immodestly exposes the body. Boy's haircuts must be consistent with the presently accepted Pentecostal guideline. No fireworks, weapons, tobacco, drugs, or alcohol.

Camper Signature: _____ Date ____/____/____