

CAMP DATE _____

FAITH IN ACTION OF BRAZOSPORT REGISTRATION (YOUTH)

BOTH SIDES OF FORM MUST BE COMPLETED FOR ACCEPTANCE.

NAME _____ ADDRESS _____ CITY, STATE, ZIP _____

AREA CODE/ PHONE # _____ FAMILY EMAIL ADDRESS _____ DATE OF BIRTH _____ SEX _____ AGE _____

CHURCH NAME _____ CITY _____ CHURCH CONTACT (i.e. Youth Director) _____

EMERGENCY CONTACT _____ HOME PHONE # _____ CELL PHONE # _____

DO YOU HAVE ANY FAB WORK CAMP EXPERIENCE? _____ WHEN _____

LIST EXPERIENCE _____

VIDEO/PHOTOGRAPHY CONSENT

As parent guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc...) in highlighting the event.

SIGNATURE

DATE

T-SHIRTS - CIRCLE SIZE **S** **M** **L** **XL** **XXL** **XXXL**

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see **FAITH IN ACTION RULES AND SAFETY GUIDELINES FOUND ON THE FAB WEBSITE**). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home.

YOUTH PARTICIPANT'S SIGNATURE

DATE

MAIL COMPLETED FORM, COPY OF MEDICAL INSURANCE WITH CHECK PAYABLE TO:

Faith in Action of Brazosport
P.O. BOX 285
LAKE JACKSON, TX 77566

PHONE # 979-236-0527
WEB SITE: www.faithinactionofbrazosport.org

**FAITH IN ACTION OF BRAZOSPORT
MEDICAL RELEASE FORM (YOUTH)**

INSURANCE INFORMATION:

INSURANCE CARRIER

POLICY #

COPY OF MEDICAL INSURANCE MUST BE ATTACHED

DATE OF LAST TETANUS TOXOID: _____

ANY SPECIAL MEDICAL CONDITIONS: _____

MEDICATION TO BE TAKEN AT CAMP: _____

___ No, I do not carry Medical Insurance at this time.

By my signature, I _____ the parent or legal guardian of _____ (copy of current Letters of Guardianship must be attached to this form) grant my permission for him/her to participate in **Faith in Action of Brazosport** camps (hereafter known as FAB). I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for my child, if I am incapable of doing so for any reason including surgical procedure if advised by the attending physician.
2. I fully release, discharge, and waive any claim or right of action which I have or might later have arising from any negligent acts or omissions of FAB, any of its employees, agents, or any of the leaders arising out of any activity associated with the trip to work camp, including travel between home and camp, excursions from camp and activities associated with work camp.
3. I agree to indemnify and hold harmless FAB, its employees, agents and leaders for damage based on negligence of FAB, any of its employees, or any of the accompanying leaders, arising out of any incident during the trip to work camp. (For purposes of this agreement, the FAB trip shall include travel between home and camp, excursions from camp and time spent at camp).
4. I agree to indemnify FAB and any of its employees or leaders for any damage they incur as a result of negligence or intentional acts on my part.

I have listed above, any and all special medical conditions my child has, and I state that I have been given the opportunity to discuss these problems with one or more of the leaders.

SIGNATURE

DATE

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter (Please initial)

_____ I hereby **DO NOT Grant Permission** for medication of any type, whether prescription or nonprescription to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)