



# Summer Youth Leadership Retreat

## REGISTRATION AND RELEASE FORM 2024

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ T-Shirt Sz. \_\_\_\_\_  
 FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 MOM CELL NUMBER \_\_\_\_\_ DAD CELL NUMBER \_\_\_\_\_  
 MOM E-MAIL \_\_\_\_\_ DAD E-MAIL \_\_\_\_\_

**If Parent Cannot Be Reached In An Emergency, Please Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation To Camper \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation To Camper \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation To Camper \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURER \_\_\_\_\_ POLICY # \_\_\_\_\_

IMMUNIZATIONS: \_\_\_ COVID-19 \_\_\_ TETANUS \_\_\_ MENINGITIS \_\_\_ VARICELLA \_\_\_ MEASLES \_\_\_ MUMPS  
 \_\_\_ RUBELLA \_\_\_ HEPATITIS A/B \_\_\_ OTHER: \_\_\_\_\_

### MEDICAL HISTORY (Check all that apply)

<p><b>ALLERGIES</b>          List Allergen and Reaction <i>Ex: Peanuts- Shortness of breath</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>CURRENT MEDICATIONS</b>          List Name and Dosage <i>Ex: Zyrtec 5mg by Mouth Once Daily</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Has you child had a fever, illness or infection within the last 7 days?</b> _____</p>
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\_\_\_ Asthma \_\_\_ Seasonal Allergies \_\_\_ Eczema \_\_\_ Kidney Trouble \_\_\_ Diabetes \_\_\_ Heart Trouble  
 \_\_\_ Dizziness \_\_\_ Stomach upset \_\_\_ Other \_\_\_\_\_

Previous surgeries or serious illnesses \_\_\_\_\_

Special diet (name): \_\_\_\_\_

Childhood diseases: \_\_\_ Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough

Other (list): \_\_\_\_\_

## AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my participation with Character Camp, certain risks and dangers will occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery, BB gun target range with protective safety glasses, recreational use of airsoft guns with protective safety glasses, wilderness hiking, swimming, use of watercrafts, and a challenge course which has a stair and a zip line. In consideration of Character Camp providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Character Camp, its officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities with Character Camp. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all

members of my family. I certify that I/my child are current on required immunizations or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Character Camp, its officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Character Camp, its agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Custodial Parent/Legal Guardian Printed Name \_\_\_\_\_

Custodial Parent/Legal Guardian Signature \_\_\_\_\_