

Youth for Christ

Carolina Creek - Camper > 2020 > Carolina Creek - Camper

Name:

Date of Birth:

Sex:

Participant Information

Address

Address _____

City _____

State _____

Zip Code _____

Contact Information

Email _____

Phone #1 _____

Type _____

Phone #2 _____

Type _____

YFC Site Information

YFC Site Name _____

Parent/Guardian/Emergency Contact Information

Parent/Guardian Name #1 or Emergency Contact (if over 18) _____

Relationship _____

Email _____

Phone #1 _____

Type _____

Phone #2 _____

Type _____

Address _____

City _____

State _____

Zip Code _____

Parent/Guardian #2 _____

Relationship _____

Email _____

Phone #1 _____

Type _____

Phone #2 _____

Type _____

Camper Scholarship

Instructions

Don't let money get in the way of having a life-changing week of YFC Camp.

It is our desire that no kid would miss out on a YFC Camp experience because of financial circumstances. There are two main ways your child can receive help for camp:

1) Your local YFC chapter will be running various fundraisers that your child can participate in to raise money. In addition, your local community (individuals and/or organizations) may also raise donations that you may request. Please contact your local YFC staff for more information.

2) YFC Nationally also offers scholarships to those who apply and are proven to be in financial need. These funds are made possible through the donations of individuals and organizations nationwide. Unfortunately, we cannot guarantee financial help to everyone who applies, as scholarship funds are limited. We will direct our funds to those with the most severe need.

In order to submit your scholarship application and to be eligible to receive a National Camp Scholarship, both the Participant Information and Parent/Guardian/Emergency Contact Information tab must be completed at the time of submission. The deadline for the scholarship application for YFC Camp 2020 is Friday, May 15, 2020.

Instructions

If qualified for this scholarship, the maximum award is 50% of the YFC Camp National camper registration fee and can only be used 1 time per summer. If you are applying for more than one camper from

the same household, all campers may qualify for this scholarship.

This scholarship opportunity is only available for campers. Project Serve Participants, Cabin Leaders and LST members do not qualify for this scholarship – please do not apply.

TO APPLY FOR NATIONAL SCHOLARSHIPS FOR YFC CAMP

Instructions

The maximum award is 50% of the YFC Camp National camp fee and can only be used 1 time per summer.

Do you want to apply for a scholarship?

Yes No

Parent or Guardian First Name

Parent or Guardian Last Name

Household Size

Instructions

****Please share your annual or monthly household gross income**
(Gross income is the amount earned before taxes and deductions).**

Please select either annual or monthly.

Annual Amount

Monthly Amount

**What is the source of your household income?
(examples: job, welfare, child support, Medicaid,
housing assistance, etc.)**

**Please tell us why you would like to send your child
to YFC Camp?**

**How much can you afford to pay for camp per
month?**

In total, how much can you afford to pay for camp?

**Are there any specific circumstances that we should
be aware of in considering this request?**

Yes No

Please specify

****Parent/Guardian Authorization for Camp Scholarship****

It is our desire to be wise with the resources we've been entrusted with. We ask you to please sign this application stating you have a true financial hardship that would prevent your child from attending YFC Camp without financial assistance

Signature

Date

Instructions

****After your application is reviewed, your local YFC staff person will inform you of the scholarship amount you were awarded after May 31, 2020.****

**Questions about national scholarships: please contact your local YFC Leader who will contact the National Camping Department if needed. **

Healthcare Information

Physician

Name of Physician _____

Phone Number _____

Health History

Does your participant have any medical conditions?

Yes No

Please describe: _____

Physical

I had had a physical within the last 24 months.

Yes No

Insurance

Does participant have medical/health insurance?

Yes No

Insurance Company _____

Policy Number _____

Tetanus Shot

Date of Last Tetanus Shot. (MM/YYYY) _____

Medications and Allergies

Non-Prescription Medications

Instructions

The following non-prescription medications are commonly stocked in the camp medical team station and are used on an as needed basis to manage illness and injury. Please indicate below which medications your camper may or may NOT receive. These non-prescription medications will be administered by YFC Camp Medical Team staff according to manufacturer's labeled dosages unless a written statement (prescription) from camper's health-care provider authorizes a different dosage.

Over-the-counter Medications

Please circle Yes or No

Acetaminophen (Tylenol) - (YES / NO)

Aloe Vera Gel - (YES / NO)

Medications and Allergies (continued)

Antacid (i.e. Tums) - (YES / NO)

Antiseptic Wipes (Benzalkonium Chloride) - (YES / NO)

Bacitracin/Triple Antibiotic Ointment - (YES / NO)

Calamine lotion - (YES / NO)

Cough Drops - (YES / NO)

Day & Night Time Cold Medicine (Nyquil or Dayquil types) - (YES / NO)

Diphenhydramine oral tablet (i.e. Benadryl) - (YES / NO)

Hydrocortisone 1%/Anti-Itch Cream (i.e. Benadryl cream) - (YES / NO)

Ibuprofen (i.e. Advil) - (YES / NO)

Loperamide HCl (i.e. Imodium AD) - (YES / NO)

Loratadine (i.e. Claritin) - (YES / NO)

Menstrual relief (i.e. Midol) - (YES / NO)

Sunscreen Lotion - (YES / NO)

Vosol Ear Drop (i.e. Swim Ear) - (YES / NO)

Allergies

		Anaphylaxis Risk?	Bringing Epi-Pen?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____		
Allergy	Reaction		
_____	_____		
Allergy	Reaction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____		
Allergy	Reaction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Prescription Medications

Medication	Strength	Dose Qty	Dose Form	Time of Day
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medications and Allergies (continued)***What have we forgotten to ask***

What have we forgotten to ask? Please provide in the space below any additional information about your camper's health that you think important or that may affect your camper's ability to participate in the camp program (i.e. – medical diagnosis, recent injuries or illness or restrictions, etc...)

Authorizations***Carolina Creek Authorizations***

****Participant Agreement & Waiver****

I am above the age of 18 and am signing this agreement as the camp participant. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, low rope elements, high rope elements, swimming, boating, diving, blobbing, water-zip, water toys, water park, the pillow, other water activities, kayaking, canoeing, archery and riflery, fishing, volleyball, basketball, zip lining, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

****Signature Required Below****

Signature**Date**

****Authorization for Emergency Medical Treatment****

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to

consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances**.

****Adult Participant or Parent/Guardian Signature****

Signature	Date

****General Release and Waiver of Liability****

****I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP, EVEN IF SUCH INJURIES OR DAMAGES ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR RECKLESSNESS) OF CAROLINA CREEK CHRISTIAN CAMP, ITS OFFICERS, AGENTS, EMPLOYEES OR PARTICIPANTS.****

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, **do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether or caused in whole or in part by the negligence (but not gross negligence or recklessness) of Carolina Creek Christian Camp, its officers, agents, employees or participants* **.

****Adult Participant or Parent/Guardian Signature****

Signature	Date

****Miscellaneous Provisions****

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Carolina Creek Christian Camp is authorized to provide or obtain medical care for me or the child, as it deems appropriate, and to exchange medical information with third party care givers.

To the extent a claim asserted against a Released Party by a camper or other visitor or Parent shall be brought exclusively in Walker County, Texas, and the laws applicable thereto shall be those of the State of Texas, not including those laws which may apply the laws of another jurisdiction.

This Agreement may be amended only by a written instrument, signed by the parties hereto.

This Agreement is intended to be binding upon my, and the child's, heirs, estates, executors, guardians, administrators, legal representatives and assigns.

****Adult Participant or Parent/Guardian Signature****

Signature

Date

Youth for Christ/USA Inc - Parental Consent and Release of Liability

****YOUTH FOR CHRIST/USA, INC., et al – CONSENT AND RELEASE OF LIABILITY****

<u>1. RELEASE OF LIABILITY</u>

I understand that the opportunity to participate in YOUTH FOR CHRIST/USA, INC., et al ("YFC") activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and/or my minor children.

I understand that I or my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games and events. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for myself and/or my child, whether such risks are known or unknown to me at this time. I release YOUTH FOR CHRIST/USA, INC., including its affiliated chapters, affiliates, and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in YOUTH FOR CHRIST/USA, INC. et al activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by myself or my child or any person made on their behalf.

<u>2. AUTHORIZATION FOR MEDICAL TREATMENT</u>

With the increasing sophistication of the medical system, I understand it may be necessary to have a medical consent form present in the unlikely event of an injury or condition requiring medical treatment of myself or my child. This consent and release gives YOUTH FOR CHRIST/USA, INC. et al and its personnel the permission to take me or my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IF PARTICIPANT IS A MINOR: IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YOUTH FOR CHRIST/USA, INC. et al activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

IF OVER 18: IN CASE OF EMERGENCY, AND AM UNABLE TO REPRESENT MYSELF, I HEREBY GIVE YOUTH FOR

CHRIST/USA, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY PERSON IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR CHRIST/USA, INC. et al, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

3. INDEMNIFICATION

I hereby agree to defend, indemnify and hold YOUTH FOR CHRIST/USA, INC. et al, including its chapters, and all affiliates, directors, officers, volunteers, employees, contractors and agents, harmless from any liability asserted by me or my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that I and/or my child/ward is physically fit and able to participate in all YOUTH FOR CHRIST/USA, INC. activities.

4. MEDIA RELEASE

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. et al the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH FOR CHRIST/USA, INC.

5. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR CHRIST/USA, INC. et al will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

6. AUTHORIZATION TO SEARCH

I understand there are items considered inappropriate or illegal to bring to camp and can be deemed as a threat to a child's or other's health and safety. Such a violation of camp rules or otherwise, include but are not limited to: weapons, including implements which might be used for purposeful (self) cutting, drugs, alcohol, and fireworks. Possession of such devices violates the camp's policies. I consent to the search of my, or my child's, personal belongings in the event that reasonable suspicion of such items are believed to be in transport to, or on camp property.

7. MEDICATION INFORMATION

Any medication brought to an YFC activity must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

**8. EQUINE ACTIVITIES **

If I or my child is attending a YFC program or event that provides horse riding and related equine activities, I understand that horse riding involves certain inherent risks including the propensity of the animal to behave in unexpected ways that can cause harm to persons; the unpredictability of the horse to react to things like sounds, sudden movements and unfamiliar objects, persons and other animals; certain surfaces; collisions with other animals or objects; and the potential of myself or my child and others to act in a negligent manner and failing to maintain control over the horses. Therefore, I execute this release and waiver and I represent that I and/or my child has the ability to engage safely in horse riding activities. NOTE: In Colorado and other states, under law an equine professional and equine activity sponsors are not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. (See Section 13-21-119, Colorado Revised Statutes).

Parent or Participant if over the age of 18 Signature

Signature

Date

YOUTH FOR CHRIST USA, INC. - PARENTAL CONSENT FOR ELECTRONIC DATA ENTRY

I hereby grant permission to YOUTH FOR CHRIST/USA, INC. to register my child's Camper Health information into a secure electronic health record system for camps called CampDoc.

Participant Name: _____

Participant Signature: _____

Parent or Legal Guardian Signature: _____ Date _____