

**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 \_\_\_\_\_

## 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 )

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

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

Bacitracin/Triple Antibiotic Ointment - ( YES / NO )

**Medications and Allergies (continued)**

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

### *Young Life Indemnity and Contract Agreement*

---

**\*\*Young Life Indemnity and Contract Agreement \*\***

<br><br><br>

**\*\*INDEMNITY AND CONTRACT AGREEMENT:\*\***

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

<font color="red"> **\*\*Authorization for Treatment\*\*** I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. </font> To obtain a copy of Young Life's Notice of Privacy Practices, log on to <a href="http://www.nicholsdaycamps.org/registration/" target="\_blank"> www.younglife.org</a> or call (719) 381-1950).

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

<u>**\*\*WAIVER AND RELEASE\*\***</u>

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

**\*\*Signature of Parent/Guardian (or Self if over 18)\*\***

---

**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.

**<u>3. INDEMNIFICATION</u>**

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.

**<u>4. MEDIA RELEASE</u>**

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 Legal Guardian Signature (if under 18)\*\*

\_\_\_\_\_  
Signature Date

-----  
\*\*Participant 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 \_\_\_\_\_