

FORTRESS

2023 SUMMER YOUTH WEEKS

PARTICIPANT FORM

****Bring TWO notarized originals of this form to registration. One copy will be kept in the Caswell Reception Center, and one copy will be kept by the church. Attach a photocopy of insurance forms or cards.****

Participant Name: _____ Grade in the fall: _____ Age: _____

Date of birth: ___/___/___ Gender: Male ___ Female ___

Address: _____ City: _____ State: _____ Zip code: _____

Name of church: _____

Address: _____ City: _____ State: _____ Zip code: _____

In case of emergency, notify: _____

Relationship to participant: _____

Home phone: _____ Work phone: _____ Mobile: _____

Medical Profile

Generally, the participant's health is: ___ Excellent ___ Good ___ Fair ___ Poor (*check one*)

If fair or poor, please explain the participant's condition: _____

List any medical difficulties for which the participant is being treated: _____

Check any of the following that cause the participant problems and explain: _____

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney trouble ___ Hay fever

___ Heart trouble ___ Diabetes ___ Dizziness ___ Upset stomach

List any medicines or substances to which the participant is allergic: _____

List any previous operations or serious illnesses: _____

List any medications the participant takes: _____

List any special diets or needs: _____

Check any of the following childhood diseases the participant has had:

___ Chickenpox ___ Measles ___ Whooping cough ___ Mumps

Date of last tetanus immunization: ___/___/___

Family Physician: _____ Phone Number: _____

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Insurance Company: _____ Phone Number: _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Phone Number: _____

Subscriber Occupation: _____

Photograph/Video Notice

I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I grant permission to BEDOTELL to use pictures of me (or my child) taken in a photograph, digital image, videotape, motion picture, and/or testimonial. **Yes, I grant permission** _____ **No, I do not grant permission** _____

Permission for Medical Treatment, Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the Baptist State Convention of North Carolina (BSCNC), camp or event sponsor, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present or future, arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify the BSCNC of any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by the BSCNC.

Complete and sign below (youth under 18 years of age require parent/legal guardian signature)

Participant Signature: _____ Date: ___/___/___

Parent/Legal Guardian Signature: _____ Date: ___/___/___

Notary Acknowledgment (Notary, please affix seal to both sheets)

State of _____

County of _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____

The _____ day of _____, 20 _____

Notary Signature: _____

My commission expires: _____