

# TYM ~ Camp Consent Form

**Please Print**

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

**Check the applicable category:**

Student: \_\_\_\_\_  
Volunteer Adult Staff: (over 20 years of age): \_\_\_\_\_  
Volunteer Assistant Staff (19 – 20 years of age): \_\_\_\_\_  
Kids' Camp Intern (15 – 18 years of age): \_\_\_\_\_

**Check the week of Camp you will be attending:**

YC1 \_\_\_ YC2 \_\_\_ YC3 \_\_\_ YC4 \_\_\_      KC1 \_\_\_ KC2 \_\_\_ KC3 \_\_\_

Current Age: \_\_\_\_\_ Gender: \_\_\_ **M** \_\_\_ **F** Grade entering Fall 2012: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information **MUST BE COMPLETED** to be accepted into the Tennessee District Summer Camp Program at the Jackson Conference Center

Statement of Health for \_\_\_\_\_  
(attendee's full name)

► Is there any information we should have regarding the welfare of this attendee; handicaps, restrictions, diets, etc?  
\_\_\_\_\_

► Is there any activity you do not wish him/her to participate in? [ ] Yes [ ] No  
If yes, please explain:  
\_\_\_\_\_

► Check if child has ever had the following:  
[ ] Measles [ ] Polio [ ] Mumps [ ] Chicken Pox [ ] Whooping Cough

List anything your child is allergic to:  
\_\_\_\_\_

List information concerning medications to be given while away from home:  
\_\_\_\_\_  
\_\_\_\_\_

Is your child covered by insurance? [ ] Yes [ ] No

If yes, Insurance Company \_\_\_\_\_  
Policy# \_\_\_\_\_

Child's Social Security Number (*optional*): \_\_\_\_\_

**Child's Name or Adult Name:** \_\_\_\_\_

**Medical Consent:** I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Tennessee District Assemblies of God camp, I hereby authorize any director, staff member, nurse, dean, lifeguard, or other responsible person of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I further understand that my personal health insurance will be the primary policy coverage in the case of accident or illness. Furthermore, if no personal health insurance policy information is provided by myself, I will be personally responsible for any medical charges incurred. I also give permission for my child to receive over-the-counter medication from the camp first aid station if necessary.

\_\_\_\_\_ (parent/guardian or adult volunteer initials)

**Discipline/Property Consent:** I understand that the Tennessee District Camps and the rented facility make rules and guidelines that my child will abide by while attending camp. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the camp and/or to personal property belonging to another individual. I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

\_\_\_\_\_ (parent/guardian or adult volunteer initials)

**Activity Consent:** I give my permission for my child to participate in all camp-related activities. I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time.

\_\_\_\_\_ (parent/guardian or adult volunteer initials)

**Promotional Consent:** I consent to the use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which my child may appear by the Tennessee District Assemblies of God. I release the Tennessee District Assemblies of God from any liability connected with the use of picture or voice recording as part of any promotion, recruitment, or fund-raising program.

\_\_\_\_\_ (parent/guardian or adult volunteer initials)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian or adult volunteer)