



# 2022 STUDENT Youth Camp Consent

**Please Print**

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

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

Current Age: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F Grade entering Fall 2022: \_\_\_\_\_

**Check the applicable category:**

Student: \_\_\_\_\_ (6<sup>th</sup> – 12<sup>th</sup> grade)

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

|                 |             |              |              |              |                  |
|-----------------|-------------|--------------|--------------|--------------|------------------|
| YC1 _____       | YC2 _____   | YC3 _____    | YC4 _____    | YC5 _____    | YC6 _____        |
| (June 5-June 8) | (June 8-11) | (June 15-18) | (June 19-22) | (June 26-29) | (June 29-July 2) |

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

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

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

The following information **MUST BE COMPLETED** to be accepted into the TN Assemblies of God Ministry Network 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*): \_\_\_\_\_

Student's 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 Assemblies of God Ministry Network 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 initials)

**Discipline/Property Consent:** I understand that the Tennessee Assemblies of God Ministry Network 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 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 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 Assemblies of God Ministry Network. I release the Tennessee Assemblies of God Ministry Network from any liability connected with the use of picture or voice recording as part of any promotion, recruitment, or fund-raising program.

\_\_\_\_\_ (parent/guardian initials)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian of student)