

Participant's Name _____

Participant's Medical Info:

Please list any allergic reactions to foods, insects, plants, medications, or medical conditions we should be aware of:

Medicines currently taking: How often:

Is your child subject to:

Asthma Hay Fever

Diabetes Allergy to Bee Stings, nuts, gluten

Insurance Company: _____

Policy #: _____

Doctor: _____ Phone #: _____

Parental Permission & Release Agreement:

In the case of medical emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the Pioneer Bible Camp Director to hospitalize or secure proper medical treatment for my child. I understand that Camp Insurance is for minor injuries up to \$3500 and that my personal insurance is the primary coverage.

While every effort is made for safety, I recognize that there are risks connected with some activities, including but not limited to, snow tubing, group games, etc. I therefore agree to assume, as an explicit condition of my child's participation, any and all risks, including but not limited to those listed above. I agree to hold harmless Pioneer Bible Camp and Fellowship Bible Church and its associates from any and all liability, claims, demands and causes of action whatsoever which may arise due to the participation of my child.

_____ Date: _____

(Parent or Guardian signature)

Participant's Agreement

As a participant of this Pioneer Bible Camp Winter Youth activity, I will obey the rules of the camp and show respect to all staff and employees of Fellowship Bible Church. I also understand that if I fail to do this I may be asked to leave before this activity time is over. I realize that photographs will be taken and I give permission for the camp to use such pictures for the promotion of the camp.

_____ Date: _____

(Participant's signature)