



## YOUTH AMERICA SUMMER CAMP

### Camper Information & Medical Release Form

#### Church Information

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

Youth Pastor Name: \_\_\_\_\_ Senior Pastor Name: \_\_\_\_\_

#### Participant Information

First & Last Name: \_\_\_\_\_ Birthday (MM/DD/YYYY): \_\_\_\_\_

☐ Middle School ☐ High School ☐ College Age ☐ Leader ☐ Pastor

Grade you will have just completed during camp: \_\_\_\_\_ Gender: ☐ M ☐ F

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this Your First Time at Youth America Summer Camp?: ☐ Yes ☐ No

Mailing Address: \_\_\_\_\_

*Street*

*Apt #*

*City*

*State*

*Zip Code*

#### Parent/Guardian Information (If participant is a minor)

First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Medical Information

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

List any diseases/physical limitations of any kind: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Allergies (Food, Medical, Insects, Etc.): \_\_\_\_\_

Does Participant Have an EpiPen? ☐ Yes ☐ No

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Is Youth America authorized to approve medical treatment? ☐ Yes ☐ No

Is Participant covered by personal/family medical insurance? ☐ Yes ☐ No

If yes, Family Medical Insurance Carrier: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

#### Medications

Medication 1: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

Medication 3: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

Medication 4: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage, Frequency Taken, Time of Day Taken: \_\_\_\_\_

## Activity Information

Youth America (the “activity sponsor”), located at 6800 N. Bryant Avenue, Oklahoma City, OK 73112, is a five-day, four-night summer camp for middle school and high school students occurring during the months of June and July. During the duration of their stay, participants will be encouraged, but not forced to, participate in a variety of activities including, but not limited to, sports, paintball, and high-intensity group games. Given the nature of these activities, should the participant choose to engage in them, there will be an element of risk.

## Release & Signature

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

**Signature:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant and/or parent/guardians if participant is a minor)

**Signature:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant and/or parent/guardians if participant is a minor)

**Signature:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant and/or parent/guardians if participant is a minor)

## YOUTH AMERICA FINANCIAL POLICIES, ABBREVIATED

Full policies are detailed online at <http://youthamerica.org>. Policies are consented to upon payment.

- **ALL \$50 DEPOSITS are non-refundable and non-transferrable**

- **CANCELLATIONS** must be submitted to Youth America online ***by your Church*** 3 weeks prior to arrival at camp in order to receive any eligible refunds on remaining balances (see our REGISTER page online for details of how to enter a cancellation).