

Children's Camp

Leader's Registration Form

Leader's MUST be 18 years or older--No Exceptions

Camp Date:

July 22-26, 2019

► Primarily Staffed by Nebraska Churches
(Registration Deadline June 19, 2019)

Fee: **\$25.00** for Food & T-shirt costs
(Additional Fee for Background Check
if we do not have it on file.)

Circle a T-shirt size:

Adult Sizes: Sm • Med • Large • XL • XXL • XXXL

AUTHORIZATION TO PARTICIPATE

*(Under 18 MUST have signature of
Parent or Guardian)*

This permission is given by me with the knowledge of the conditions and activities planned during the event. I know of no physical or mental disability which would impair my participation except as noted below or on the reverse side of this form.

MEDICAL CARE AUTHORIZATION

I understand that in the event of illness or injury, every reasonable effort will be made to provide proper and prompt medical attention and to receive verbal authorization from me before medication is prescribed or medical procedures are begun; however, I do here by authorize the camp nurse, physician, and/or hospital to undertake such treatment of and perform such services (including surgical services) for the individual named above as are reasonably indicated by the circumstances without such authorization. Numbers where my emergency contact can be reached:

Home: (_____) _____

Work: (_____) _____

Cell: (_____) _____

★
Your Signature

Date

Church You Are Attending With: _____

I recommend this person as a Camp Leader: ★ _____

Must be signed by a Senior Church Staff Member

LEADER INFORMATION

This form is to be completed by the participant's parent or legal guardian and must be returned before the individual may attend Children's Camp.

Name: _____

Phone Number(s): _____

Preferred Name for Name Tag (Pastor, Mr., Ms., Mrs.) _____

GENDER (Circle One): M F Date of Birth: _____ Age: _____

E-Mail Address: _____

Mailing Address: _____

CURRENT MEDICATIONS AND ALL OTHER MEDICAL INFORMATION MUST BE ATTACHED

HEALTH INSURANCE COVERAGE

Our camp has an insurance program to pay for the medical expenses of injuries that result from an accident that occurs while anyone is involved in an event sponsored by us. Our policy **DOES NOT** cover illness. Furthermore, our insurance is **SUPPLEMENTAL** to the insurance you carry yourself. Our policy will pay whatever your insurance does not pay (including deductibles) of any covered expense up the limit of our policy. If you do not have medical insurance, our policy will pay for all covered expenses up to the limit of our policy. If medical care is needed, expenses will be billed to you and/or your insurance company.

You may attach a copy of your medical card, but it is not required.

Policy Holder's Name: _____

Relationship to Attendee (If other than self): _____

Address of Insured: _____

Health Insurance Company: _____

Policy #: _____

Address of Company: _____

If the leader IS NOT covered by insurance, please sign the following statement:

I hereby state that I have no health insurance in force at the present time that covers the above named leader.

★
Your Signature

Date

**Return fees and completed forms to: Your Church Appointed Camp Coordinator
Make Checks Payable to your church**