

AREA1:emeraldcoast

Sandestin Beach Resort in Destin, FL

June 18-22, 2011 or June 25-29, 2011

Church Info.

Church or Group Name: _____

Leader Name: _____

Personal Info.

Full Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth ____/____/____ Grade Entering Fall 2012 _____

Home Phone (____) _____ Cell Phone (____) _____

Parent or Legal Guardian Name _____

Relationship _____ Emergency Number (____) _____

Address (if different from above) _____

Workplace _____ Work Phone (____) _____

Agreement

Release - Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity-
My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge AreaOne, camp or event sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify AreaOne for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by AreaOne. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Student's Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

AREA1:emeraldcoast

Sandestin Beach Resort in Destin, FL

Medical Release Attach a photocopy of medical insurance form or card.

Participant Name _____ Age _____ Date of Birth ____/____/____

Address _____ City _____ St _____ Zip _____

Name of Church _____ Address _____

City _____ St _____ Zip _____

In case of an emergency notify: _____ Relationship: _____

Home:(____) _____ Work:(____) _____ Mobile:(____) _____ Other:(____) _____

MEDICAL PROFILE

Generally, Participant's Health is: (Check One) ___Excellent ___Good ___Fair ___Poor

If Fair or Poor, please explain your condition:

List any medical difficulties for which you are currently being treated:

Check any of the following that cause you problems and explain: Asthma___ Sinusitis___ Bronchitis___
Kidney Trouble___ Heart Trouble___ Diabetes___ Dizziness___ Stomach Upset___ Hay Fever_____

List any any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking:

List any special diet or special needs:

Childhood Diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough ___Other _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Participant's Signature _____ Date: ____/____/____

Parent / Guardian Signature _____ Phone (____) _____ Date: ____/____/____

Bring this form with you to camp