

AREA1:ozarks

Windermere Conference Center in Roach, MO
June 12-16, 2012

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 ____/____/____

Medical Release Form

Name of Group: AreaOne Ministries

Date of Stay: June 12-16, 2012

Camper

Name: _____

Birth Date: ____/____/____ Age: ____ Social Security #: _____ Sex: Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Contact

Parent / Guardian:

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Other person to notify in event of emergency: _____

Their relationship to you: _____

This persons phone number Daytime: (____) _____ Evening: (____) _____

Mv Church: _____ Citv: _____ State: _____

Important

Please supply ALL of the following information. Please attach a copy of your insurance card.

Medical Insurance Company: _____ Group #: _____ Policy #: _____

Insured Policy Holder's Name (Adult): _____

Insured Policy Holder's Birthdate (Adult): _____

Company Address: _____ Company Phone: (____) _____

City: _____ State: _____ Zip: _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain medications, rare blood type, wears contact lens, etc.): _____

List all medication you take on a regular basis and/or any you bring with you to Windermere (Prescription medications MUST have pharmacy label and name of doctor): _____

Date of last Tetanus Shot: (Month) _____ (Date) _____ (Year) _____

Camper has permission to engage in all camp activities except (list all prohibited activities): _____

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Windermere Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, x-ray or surgery for my child named above.

Signed: _____ Date: _____ Relationship: _____

Windermere Baptist Conference Center provides a limited medical incident reimbursement. First Aid or the Guest Relations Front Desk must be notified of all medical incidents that occur on the premises. Medical protection is provided to cover medical expenses for the volunteer workers and guests while at Windermere Baptist Conference Center or at conference-sponsored activities away from the Conference Center. If you are a camper then you are provided medical coverage on an excess basis. In addition, an accidental death benefit may be provided for any covered individuals. Windermere guests who do activities or use modes of transportation (not limited to land or water) not sponsored or owned by Windermere hereby release Windermere from all liability for claims, known and unknown, arising from injuries, mental and physical, caused and sustained by guest. Further, such guest will reimburse Windermere, on demand by Windermere, for the cost of any repairs to the Windermere premises or property damaged by guest through misuse, accident or neglect.