

2021

Scottsdale Worship Center Day Camp
Medical Release and Student Participation Form
Effective dates: January 1, 2021 through December 31, 2021



PLEASE ATTACH A COPY, FRONT & BACK, OF YOUR INSURANCE CARD.

Please print in ink:

Student / Participant Name: _____
Last First Middle

Age: _____ Birthday: _____ Grade in school: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

Parent / Guardian Information:

Guardian/Mother's Name: _____

Phone: _____ Phone: _____ Email : _____

Guardian/Father's Name: _____

Phone: _____ Phone: _____ Email : _____

Emergency Contact Information:

Contact: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Medical Information and History

Medical Insurance Carrier: _____

Policy Number: _____

List all prescription and over the counter Medicine(s): use reverse side if needed

Medication _____ Dosage: _____ Frequency: _____

Special Instructions:

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Medication _____ Dosage: _____ Frequency: _____

Special Instructions:

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Special Instructions:

Check any areas of concern for this Student/Participant: (Please use separate page as necessary)

Does your child have allergies to:

- pollen medications Dietary Restrictions insect bites

Does your child suffer from, or has ever experienced, or is being treated currently for:

- asthma epilepsy/seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap hay fever

For your child's safety and our knowledge, is your student a:

- good swimmer fair swimmer non-swimmer

Does your child wear glasses contact lenses

Date of last tetanus shot: _____

Initial each over the counter medication WE MAY give your child as needed:

_____ Ibuprofen (Advil) _____ Acetaminophen (Tylenol) _____ Benadryl
_____ Pepto Bismol _____ Dramamine _____ NyQuil/DayQuil _____ Cough Syrup
_____ Stool Softener/Laxative _____ Antibiotic Ointment _____ 1% Hydrocortisone Cream
_____ Tums _____ Nasal Decongestant _____ Melatonin _____ Other.

Should activities be restricted for any reason? If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, or dietary or other condition to which your child is subject and of which staff should be aware, and what, if any action is required on account thereof.

Additional Comments:

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Activities

Activities may include, but are not limited to: cookouts, boating, swimming, basketball, athletic games in the park, ice skating, skate boarding or scooter riding, hiking, biking, concerts, golfing, hayrides, capture the flag, camps, and special outings and Bible studies. *Note: If you desire to limit your child's participation in any specific event, please submit your wishes in writing to the church event leader(s) before that event.*

Media Permission

Photographs and/or video of campers, teams, coaches and volunteers will be taken at this year's Day Camp. By taking part in Day Camp, you grant the Scottsdale Worship Center full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for promotion, publicity or other purposes to help promote future Day Camps. This might include (but is not limited to), the right to use them in our printed and online publicity, social media, press releases, church app and website. If there is a specific concern for your child(ren), please contact a Day Camp administrator.

Rules of Conduct:

We expect each participant to adhere to the following rules of conduct;

- The use of tobacco, vaping, alcohol, and / or drugs is strictly prohibited.
- Possession or use of weapons, knives, firearms, or fireworks is strictly prohibited.
- Offensive or immodest clothing are not allowed. Boys are not allow in girls' sleeping quarters and girls are not allowed in boys' sleeping quarters.
- No student / participant can drive other students / participants during an activity.
- Participation with the group and following the direction of adult leaders is expected.
- Show respect of all property, one another, staff, and adult leaders.
- Respect and comply with event schedules.

Violation will result in immediate dismissal without refund. ***Students / Participants who fail to comply with these expectations may be sent home at their parents' expense.***

Indemnity for Scottsdale Worship Center and It's Assigns

I/We the undersigned have legal custody of the Student / Participant named above, a minor, and have given our consent for him/her to attend events organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

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Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the Student / Participant named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the event leader(s).

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Student / Participant Agreement

I, _____ (the Student / Participant), have read the Medical Information, Rules of Conduct and Activities for all events in which I may participate. I agree to abide by the stated personal limitations and Rules of Conduct. I also state that I am not under the influence of alcohol or of illicit or prescription drugs which may impair my ability to safely participate in any church sponsored events.

Student / Participant Signature _____ Date _____