



## 2008-United Youth Camps Notifications, Signatures and Health Exam

These pages must be printed, completed and signed for attendance. A signed copy is needed for each camp for which you have applied.

Applicant's Name: \_\_\_\_\_  
(Please print)

### PARENTAL NOTIFICATION POLICY:

United Youth Camps policy is that parents of minors will be contacted if possible in the following situations: 1) anytime the nurse or a physician deems necessary; 2) anytime a camper is taken to see a physician, dentist or emergency personnel for an accident or illness; 3) when an illness lasts longer than 24 hours.

### Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the available medical personnel at the camp to administer prescribed medications and provide routine health care, including over-the-counter medications, to me/or my child as deemed necessary by the UYC medical staff. In the event of an accident/illness, I consent to the administration of emergency on-site first aid by trained personnel. If I cannot be reached in an emergency, I hereby give permission to the camp medical personnel to secure and administer treatment, including hospitalization, for the person named above. This authorization includes consent to any medical, emergency dental, surgical, chiropractic or hospital diagnosis, treatment or care to be rendered to or for me/or my child under the general or specific supervision of a qualified physician, surgeon, chiropractor or dentist. It also includes permission to release any records necessary for supervision, treatment, referral, billing or insurance purposes and to provide or arrange necessary related transportation. I understand and agree that the foregoing will be at my expense. This consent shall terminate without further notice on the date when a minor reaches 18 years of age. This completed form may be photocopied for trips out of camp.

Parent/guardian (or adult camper/staff) signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

If medication for life-threatening conditions is brought to camp (epi pen, inhaler, etc.) I hereby request that said medication remain with:  UYC Personnel  My Child (Please check one.)

I understand that accommodating some medical conditions or disabilities may not be ideal and may differ depending on the activity. Therefore, if I am accepted, I agree to abide by any restrictions which may be placed on my camp activities that the camp staff feels are necessary for my comfort or safety or that of my fellow campers or staff.

Camper/Staff signature \_\_\_\_\_ Date \_\_\_\_\_

### Special note about medication:

Please note that if your camper will be bringing **ANY** medications to camp, including all prescription, over-the-counter and herbal remedies, the following rules will need to be followed:

- 1) All medications must be in their original packages. i.e. prescriptions in the prescription bottle, Tylenol in the Tylenol bottle, herbs in the bottle that they were originally bought in.
- 2) All medications must be accompanied by written and signed instructions for administration (the prescription on the bottle will be fine unless doses or times have changed).
- 3) Any nonprescription bottles must have the camper's name written on them (prescription bottles must be for that camper).

PLEASE help us to take good care of the precious and wonderful campers that you have entrusted to us! – UYC Medical Staff

## Personal Medical Insurance

The United Church of God is grateful to those who freely give of their time and expertise to assist in the operation of United Youth Camps (UYC). While we place a significant emphasis on safety at UYC for both staff and campers, accidents may happen and people may get injured. For this reason, we strongly recommend that you carry adequate personal medical insurance. We realize that it is not always affordable. However, paying actual hospital and doctor expenses can easily cost far more. As we review your application, this is an important factor in determining those most suited to serve at UYC.

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## Supplemental Accident Insurance

We realize that your personal insurance may require you to pay a deductible and co-payments, and possibly other costs. In an effort to help reduce the cost to you personally, the Church has been able to acquire supplemental accident medical coverage for a nominal cost. Though the Church is unable to provide financial assistance beyond what is offered through this insurance, we are happy to include all campers as well as staff volunteers in this coverage, particularly since volunteers staff members are not covered by Workers' Compensation. The extent of coverage and exclusions of this accident policy may vary from year to year. If you are accepted as a camper or approved to serve as a volunteer UYC staff member, a copy of the coverage will be supplied upon request.

### **Agreement, Releases, and Waiver**

**Compliance with Rules:** All United Camps maintain a high standard of conduct and dress, based on God's laws, which is further stated in the Code of Honor. These standards and rules include, but are not limited to: No possession or use of alcohol, tobacco or illegal drugs; no sexual misconduct, theft, smoking, disorderly conduct, profanity, destruction of property or refusal to cooperate fully with the camp staff. Jewelry for body piercings (other than earrings for girls), short shorts, midribs, halter-tops or wearing revealing or other inappropriate apparel (or the lack thereof) will not be allowed. Pets, personal sports equipment and camper use of private vehicles are not allowed at camp, except as noted in the acceptance package. Firearms or other weapons (except pocketknives) may not be brought without the written permission of the camp director. Under certain circumstances I am aware that a search of my (or my child's) belongings or living quarters may be made in the presence of me/or my child by camp staff. Campers or staff members who do not comply with the camp's rules and standards, or whose conduct or attitude undermines the positive environment and objectives of the camp, or who have made any false, misleading or incomplete statement in this application or the Health History and Examination Form, are subject to being dismissed. If dismissed, he or she will be sent home at his/her own or his/her parent's expense.

**Photo Release:** By my/our signature(s) below, I/we also hereby give consent and permission to the nonexclusive, noncommercial reproduction, publication or use by United Church of God, *an International Association* ("Church") or anyone authorized by them, of any pictures or photographs (still, video or motion, individual or group), taken of the applicant at any United Youth Camp or its related activities (including travel) or, if taken during any other Church-related activities, together with any caption or descriptive material, including the individual/camper's name, without compensation to the undersigned. Said picture(s) may be used without limitation, on Church Web site(s), in Church publications, in "Festival" or other videos or promotions created by the Church, in Church-sponsored advertising or in any television program or broadcast approved by the Church.

**General Release:** In consideration of the applicant being allowed to attend the camp, I/we hereby release, indemnify, save and hold harmless and covenant not to sue the United Church of God, *an International Association*, its officers, Council of Elders, agents, employees, volunteers and helpers and any other related entity (hereinafter collectively called the "Church") from all actions, claims, demands or suits which are based upon, or result from injuries sustained by the applicant arising out of, or in the course of, said applicant's participation or attendance at the camp. This release, however, shall not apply to claims covered by the Church's liability insurance, but is applicable to claims not covered by that insurance. *It is strongly recommended that you have your own medical insurance protection* since participants are involved in activities at their own risk.

**Parent(s) of Minors:** Activities of the camp are described in the United Youth Camps annual brochure. I/we have read the brochure, are aware of the activities offered and hereby give permission for the above named applicant to attend the United Camp(s) to which this form is sent, to be transported in camp-designated vehicles for any off-site activities and to participate in all the activities (unless otherwise noted on the Health History and Examination section of the online registration process). Permission is hereby given to search the applicant's belongings or living quarters with him/her present when health, well-being or safety of the camper or others requires it, or where there has been an accusation or some evidence of his/her possession or use of forbidden materials or substances. I/we understand that if he/she violates camp rules or standards or endangers the safety or well-being of the camp, other campers or its

staff or otherwise fails to comply with the foregoing requirements to which he/she has agreed, that he/she can be sent home at the camp director's request, which, I/we agree, will be at my/our expense. I/we understand there is no reimbursement of fees after 30 days before camp starts. Before that time, a processing fee of \$25 will be withheld from the refund unless the space is filled. I/we believe my/our son/daughter is in good health and can participate in strenuous activities and the usual routine associated with camp life. I/we verify and concur that the information supplied in this application and on the Health History and Examination Form is true and complete.

**Signature(s):** I have read, fully understand and agree to comply with all the rules and standards of the project and its staff as well as the foregoing, including the photo and general release statements above. I have understood and agree with its implications and the stated consequences. I also affirm that the information given in the online application and health form is true and complete and that I/my child is in good health and able to participate in the expected activities and routine for the camp(s) to which this form is submitted.

X \_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
Father's Signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature

## Final Reminders:

Please remember to also do the following:

- 1 – Enclose any applicable payment.
- 2 – Upload a current photo using the link in the registration confirmation email you were sent.
- 3 – Print the following page separately and give it to the licensed medical personnel who performs the medical exam.

**MEDICAL EXAM / RECOMMENDATION AND RESTRICTIONS (Exam to be done within 24 months of arrival at camp)**

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I have examined the above named participant on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date). BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In my opinion, the above applicant:  is  is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions \_\_\_\_\_

Current treatment at the time of this report includes \_\_\_\_\_

**Recommendations and Restrictions at Camp**

Treatment to be continued at camp \_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency) \_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions \_\_\_\_\_

Known allergies \_\_\_\_\_

Description of any limitation or restriction on camp activities \_\_\_\_\_

Additional information for health care staff at the camp \_\_\_\_\_

Signature of Licensed Medical Personnel \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_