

See You At The Pole Rally 2010 at Camp Orchard Hill - 19 September 2010

MEDICAL RELEASE FORM/PERMISSION SLIP

** Parents, we have been encouraged to have this form on record for each student that participates in our events. This form is similar to those used on our other trips and events. It is a legal necessity for our insurance company. We assure you that safety is our first priority for our events and we will do nothing to put your student(s) at risk. If you have any questions about this form or the activity, please contact YFC Ministry Coordinator - Wayne Morgan at 570-991-1546 or wayne@nepayfc.com.

NAME _____ AGE _____ SEX _____ GRADE _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
EMERGENCY CONTACT _____
EMERGENCY HOME PHONE _____ CELL PHONE _____
SPECIAL MEDICATIONS, ALLERGIES, OR HANDICAPS _____
HEALTH INSURANCE COMPANY/ADDRESS _____
POLICY NUMBER _____ GROUP NUMBER _____

I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all camp activities including travel off property. Also, I give permission for Camp Orchard Hill and Northeast Pennsylvania Youth For Christ to use images and recordings of my child/ward without further compensation for the purpose of promoting COH and NEPAYFC. I realize that in the event of an illness or injury while at camp or participating in it's activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear all the cost of all such treatment. I also agree to hold harmless, COH and SWBYFC, its staff and board of directors from any and all liabilities, claims, demands, and causes of action whatsoever may arise due to the participation of myself or my child/ward in said activities.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

PARENTS NAME PRINTED _____

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