



SUMMER CAMP 2022

PLEASE CIRCLE CAMP ATTENDING [Kids] [Teen]

CIRCLE SHIRT: YOUTH [S] [M] [L] [XL] / REGULAR [XS] [S] [M] [L] [XL] [2XL] [3XL]

Name of Camper: _____

Birth Date: _____ Age: _____ Today's Date: _____

General Release Waiver

The undersigned, or on behalf of said minor, has asked Porterville, New Life Center (hereinafter "New Life") to be allowed to participate in the activities offered here at NewLife. Activities may include but are not limited to Swimming, waterslides, dodgeball, and Challenge Course Elements. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed by NewLife leaders; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold New Life harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at NewLife church or any off campus activities such as swimming or scavenger hunt, whether caused by NewLife active or passive negligence or otherwise.

Consent to Search

The undersigned voluntarily gives permission to New Life and their officially designated representatives to search the luggage of said minor. The designated representatives are authorized to remove any property, equipment or other material for search or sorting elsewhere as they deem necessary, as well as consent for any search, deemed advisable, of said minor's lodgings while on the trip.

Image Release Waiver

The undersigned gives permission to New Life to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Transportation Waiver (Minors)

The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from NewLife by traveling with the person of said minor's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

I have read this form and / or have had it read to me and I understand its contents.

Parent/Legal Guardian Print

Parent/Legal Guardian Signature

Address

City

State

Zip



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Name of Camper: _____

Birth Date: _____ Age: _____

CHURCH: _____

****MEDICATION MUST BE SENT IN THE ORIGINAL PHARMACY CONTAINER & MUST BE CHECKED IN TO THE HEAD NURSE.**

The health and well-being of the above named student is dependent upon the administration of medicine during the stay at New Life church by its Head Nurse as follows:

Name of Medicine _____

Description of Medicine (give color and form, such as liquid, capsules, etc.) _____

Strength Dosage _____

(mg./per tablet, capsule, tsp., etc.) (number of tablets, capsules, tsp., etc.)

Frequency of dosage _____

(time frequency, relationship to meals, etc.)

Daily or as needed? _____

If as needed, under what conditions? _____

Additional Instructions and/or comments _____

We agree to mutual sharing of information by our doctor and the Porterville Area Student Ministries, Porterville New Life Center about our child's needs for the medication. We agree to hold the Porterville Area Student Ministries, Porterville New Life Center or its representative faultless for any untoward reactions resulting from the administration of the medication which may occur to our child. We also agree to immediately notify in writing our child's group leader of any change in medicine, dosage, and frequency recommended by the doctor.

NAMES OF AUTHORIZED PEOPLE WHO CAN PICK UP YOUR CHILD IN CASE OF EMERGENCY:

Print name of Physician

Address

Phone Number

Signature of parent or guardian

Print name of parent or guardian

Date

Address

Phone Number



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DRAMAMINE & OVER-THE-COUNTER MEDICATION CONSENT FORM

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ to take Dramamine, to help with motion sickness, as they travel to and from Quaker Meadow Christian Campground. I also grant authorization and consent for said minor to be given over-the-counter medication, by the camp nurse, as deemed necessary. Some side effects include, but not limited to, drowsiness, constipation, blurred vision, or dry mouth/nose/throat may occur.

Parent / Legal Guardian Signature: _____

Printed Name: _____

Date: _____



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WHAT TO BRING - Keep this Page.

Checklist:

Toiletries

Toothbrush, toothpaste, , deodorant, towels, etc.

Bedding

Sleeping bag and/or sheets, blankets, & pillow. Air mattress if able

Clothing

Modest comfortable clothing, pajamas, sweater for mornings & evenings, comfortable shoes, swim clothes for both days and clothes to change into for chapel.

(recommend student's name marked on their possessions)

Supplies

Your bible, notebook, pen, snacks if desired

(electronics are highly discouraged; don't want students distracted from their "camp experience" or become stolen)



Quaker Meadow

CHRISTIAN CAMP

Form F001: RELEASE WAIVER
HEALTH HISTORY-HEALTH SCREENING
*This form must be completed annually
for all individuals.*

Participant (Print): _____

Group's Name: _____

Event Dates: _____

Counselor's Name: _____

Signature: _____ Date: _____ Age: _____ Gender: Male / Female

Health Information: You may opt out by checking the following statement: I decline to provide personal health information.
Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while on site.

Date of last tetanus shot: _____

List any other immunizations & dates: _____

List any allergies: _____

Group Health Supervisor (Sign): _____

Date: _____

General Release Waiver

The undersigned, or on behalf of said minor, has asked Quaker Meadow Christian Camp (hereinafter "Quaker Meadow") to be allowed to participate in the activities offered at Quaker Meadow. Activities may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed necessary by Quaker Meadow; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold Quaker Meadow harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at Quaker Meadow, whether caused by Quaker Meadow's active or passive negligence or otherwise.

Image Release Waiver

The undersigned gives permission to Quaker Meadow to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Transportation Waiver (Minors)

The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from Quaker Meadow by traveling with the person of said minor's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

Medical Release Waiver

The undersigned gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

Emergency Contact Information: Mr. Mrs. Ms. _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell/Work: _____

E-mail: _____

Parent/Guardian (Print): _____

Parent/Guardian/Camper Signature: _____ Date: _____