



# Youth Permission Trip Form

Calvary Chapel Santee  
10920 Summit Avenue, CA 92071

619-258-1946

Calvary Chapel Youth Winter Camp	1/31/14, 2pm - 2/2/14, 3pm	\$ 145
_____ Name of Sponsored Activity / Event	_____ Event - Date Begins - Ends	_____ Cost

### STUDENT INFORMATION:

_____ Name of Student	_____ Birth Date	_____ Grade	_____ T-Shirt Size
Address: _____		City: _____	Zip: _____
Home Phone: _____		Student Cell: _____	
Father's Cell: _____		Fathers Work #: _____	
Mother's Cell: _____		Mother's Work #: _____	

### EMERGENCY & MEDICAL INFORMATION

_____ Emergency Contact Name	_____ Phone	_____ Relation to student
Allergies? _____		Taking Medication? _____
Are there any restrictions we should know of? _____		
Health Ins. Carrier: _____		Policy Number: _____
Physician Name: _____		Phone: _____

I, the undersigned parent, give authorization and consent to any ~~any~~ examination, anesthetic, medical or surgical diagnosis rendered as necessary by a qualified member of the medical staff of a licensed hospital. It is understood that all efforts will be made to contact me prior to rendering treatment, but treatment will not be withheld if I cannot be reached. I will not hold Calvary Chapel Santee or its employees, officers or agents responsible in the case of any accidents.

_____ Parent Signature	_____ Date
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**RELEASE OF LIABILITY**

I, THE UNDERSIGNED, AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE PRACTICUM, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee and/or its organizers. As part of participating in said practicum, I have and do hereby assume all the risks and will hold Calvary Chapel Santee and its affiliates, workers and employees harmless from any liability, actions, suits, legal or otherwise.

UNDER NO CIRCUMSTANCES will Calvary Chapel Santee and/or its organizers be held responsible for:

1. Illness, death, accidents or injury;
2. Delays, personal injury, property damage or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorist activities;
3. Loss of personal property, possessions or monies;
4. Any act of neglect of any person or company whose services are trained by Calvary Chapel Santee for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee;
6. Additional expenses, if incurred under any of the above circumstances, are the responsibility of the participant (yourself.)

I hereby also acknowledge the fact that Calvary Chapel Santee and any of its workers, servants, volunteers, and/or employees have the right to terminate participation my son/daughter in this practicum at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

\_\_\_\_\_  
PRINT – Parent Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Parent

(Turn this form into the Bookstore with payment)



## The Salvation Army - Pine Summit

### CONSENT AND WAIVER OF LIABILITY

THIS DOCUMENT (FRONT AND BACK) CONTAINS A WAIVER OF LIABILITY. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.  
- Please print -

Group Name: \_\_\_\_\_ Group Date: \_\_\_\_\_  
Full name of Camper: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In exchange for permission to participate in The Salvation Army - Pine Summit programs and activities ("Camp"), I or my minor child named above ("Camper") agree to the following:

#### **Consent to Attend Camp (Where Camper is a Minor)**

I hereby give permission for minor Camper to attend and participate in Camp.

#### **WAIVER of Liability**

I understand that some of the activities at Camp involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Consent and Waiver of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities. I agree to assume all risks of Camper's participation, whether such risks are known or unknown to me at this time and hereby waive any and all claims I or my Camper may have against Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, for property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Waiver of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

I understand that by signing this Consent and Waiver of Liability, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Consent and Waiver of Liability shall remain unaffected.

#### **FIRST AID**

Camp may provide minor emergency medical treatment at the request of the Group or Camper, provided that qualified staff is available. Otherwise, all medical emergencies will be referred to the nearest medical treatment facility.

#### **Other Releases and Acknowledgements**

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

**Adherence to Policies and Guidelines**

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.



**Medical Insurance Information**

Insured's Name: \_\_\_\_\_ Company \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 \_\_\_\_\_

**Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last MMR: \_\_\_\_\_ Date of last Hepatitis B: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Are all other vaccinations up-to-date?  Yes  No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): \_\_\_\_\_

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): \_\_\_\_\_

Will the Camper be under any medication(s)\* while at camp?  Yes  No If yes, please list medication(s): \_\_\_\_\_

***\*(All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)***

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary.  Yes  No

If yes, please list any over-the-counter medications that should **not** be given: \_\_\_\_\_

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities?  Yes  No

If yes, please provide details: \_\_\_\_\_

Does the Camper have?  Sinus Trouble/Hay Fever  Heart Trouble  Epilepsy  Asthma  Diabetes

By signing below, I acknowledge that I have read this document that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

_____		_____	
Signature		Date	
_____		_____	
Print Name		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____		_____	
Emergency Contact (if same write "Same")		Phone Number	

**If you have any allergies or special dietary needs – please bring your own food.  
 We have refrigerators and microwaves to accommodate your needs.  
 If you would like to see a menu, please ask your Retreat Planner.  
 Thank you**