

2019 CAMP Registration & Liability Waiver Form

Please fill out this application form completely (2 pages). One application per camper.

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Camper Information

*** REGISTER ONLY IF YOU PLAN TO ATTEND ***

STUDENT-ATHLETES ENTERING 5TH THRU 9TH GRADE ONLY

Monday, June 10th thru Thursday, June 13th _____

Name _____

Last

First

Residential Parent/Guardian:

Last

First

Last

First

Street Address _____

City _____ State _____ Zip _____

Email (clearly) _____

Grade in fall _____ Age _____ Date of Birth _____

T-SHIRT SIZE (Circle one) - Adult - S - M - L - XL - XXL

Camper's School Information

Name of School _____

City _____ State _____

Youth Team Name _____

Coach's Name _____

Last

First

Parent/Guardian Emergency Contact Information

Name _____

Last

First

Name _____

Last

First

Relationship to Camper Parent, Legal Guardian, Coach

Other (please state) _____

Cell # _____

Home # _____

Work # _____

Email _____

Medical Information

(Victory Kids Camp will NOT administer or store any drugs or medications for campers, nor will Victory Kids Camp administer over the counter medications to minors.)

I Restrictions on Participation? ___ No ___ Yes

If Yes, explain _____

II Medication allergies? (e.g. penicillin, sulfa, etc.) ___ No ___ Yes

If Yes, list medication(s) _____

III Specific allergies? (e.g. bee-stings, certain foods, etc.) ___ No ___ Yes

If Yes, explain _____

IV List, if any, prescription medication(s) you will have with you at camp? _____

V Date of last tetanus shot _____

VI Other information you feel we should know about camper:

Medical Insurance Required

Medical Insurance Company _____

Policy # _____

Group Name _____

Effective Date of Coverage _____

Policy Holder's Name _____

Policy Holder's Relationship to Camper _____

Medical Doctor: _____ Phone: _____

Equipment You Should Bring

1. Football Cleats and Tennis shoes In case of Rain
2. Bathing Suit & Towel (camps with water activities)
3. Suggested: water bottle/dry t-shirt/dry socks
4. Energy bar or similar snack
5. Sun Screen
6. Lunch: Lunch is not provided – Pizza, drinks and snacks available for purchase.

Swimming Ability:

Allowed in water _____ Not allowed in water _____

Where did you hear about us?

School Flyer/Blast _____ Recreation Department Booklet _____

Friend _____ Previous Camper _____ Radio _____ News Paper _____

Other _____

RELEASE OF LIABILITY**Functions and Activity**

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Student Participant Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for Camp Trainer and Camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported in an authorized FCA vehicle for FCA activity locations.

Release to use Image and Likeness

On occasion, Victory Kids, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by Victory Kids, FCA, or its agents to produce ministry resources for staff training, Camp or campus ministry, or other uses to promote the ministry of FCA or Victory Kids. FCA may also make these materials available for sale to the public.

Swimming Ability

_____ Allowed in Water

_____ Not Allowed in Water

*All FCA Camps that offer water activities will require a swim test for each student to pass in order to participate.

Other Information

List any other information that leaders should know about the student participant:

I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Student Participant Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Participant Form, including the ***Release of Liability*** above, on behalf of the student and agree that this Student Participant Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Witness Signature _____ Date _____

**E-mail completed form to: inmancat82@aol.com, fax to (772) 492-9695 or
mail to: Victory Kids - 715 Tides Road, Vero Beach, FL 32963**