

MISSION: IMPACT

Impacting today's generations,
to become tomorrows leaders.

OPERATION: reFIRE

Friday: October 5 Check in at 6 p.m.
Monday: October 8 Check out at 12 noon

CAMPER NAME: _____ GENDER: M F

BIRTHDATE: _____ AGE AT TIME OF CAMP _____ CAMPERS CELL: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

EMAIL: _____

YOUTH GROUP: _____ OR INDIVIDUAL

EMERGENCY INFO

CONTACT NAME: _____

RELATIONSHIP: _____

PHONE: _____

2ND PHONE: _____

DIETARY RESTRICTIONS

Does the camper have any dietary restrictions or special needs for meals? Y N

If so, what are they: _____

WHAT TO BRING...

Clothes -Both work and for church each evening. (Jeans are just fine!)

Bathroom supplies

Air mattress/cot or sleeping bag

Pillow and bedding

Towels/Wash clothes

Notebook and Bible

\$10 for concessions

You may bring a phone BUT it can only be used during free time.

A great attitude!

HEALTH INSURANCE INFO.

CO. NAME: _____

POLICY# _____

FAMILY DR: _____

PHONE: _____

DOES CAMPER HAVE ANY ALLERGIES TO FOOD, STINGS, MEDICATIONS, ETC? Y N

IF SO, PLEASE LIST: _____

DOES THE CAMPER HAVE ANY HEALTH ISSUES THAT COULD LIMIT THEIR ABILITY TO TAKE PART IN ANYTHING? Y N

IF SO LIST: _____

DOES THE CAMPER REQUIRE ANY PRESCRIPTION MEDICATIONS? Y N

IS THE CAMPER ALLOWED TO HAVE OVER THE COUNTER MEDICATIONS SUCH AS BENEDRYL, ADVIL OR TYLENOL? Y N

ARE THERE ANY THEY CAN NOT TAKE? Y N

This health history is correct, so far as I know, and the person/camper herein has permission to engage in all prescribed program activities. I give permission to the physician selected by MISSION: IMPACT to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by MISSION: IMPACT to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named here. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site.

The undersigned, individually, jointly and severally ("we"), hereby give permission for and authorize transporting ourselves and/or our child or children, between MISSION: IMPACT and the work sites. We also hereby give permission for and authorize our child or children to participate in any and all camp activities that may be conducted at, and to use any and all equipment and facilities located at or provided by, MISSION: IMPACT. We hereby indemnify, hold harmless, and agree to defend MISSION: IMPACT, Agape Worship Center, and their officers, directors, employees, agents, and representatives free and harmless from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses in any way arising from, connected with, or related to transportation of ourselves and/or our child or children between MISSION: IMPACT and the work sites, our and/or our child or children participating in any camp activity, or the taking or use of any photographs, videos, or other recordings taken in connection with the camp. These indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of MISSION: IMPACT or any of their officers, directors, employees, agents, and/or representatives and shall include, without limitation, such parties' reasonable attorney's fees associated therewith.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

We welcome you to MISSION: IMPACT camp. In order to provide the best possible camp experience for every camper and chaperone, there are certain rules and policies that have been established for the health and safety of all involved.

1. The participant agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Participant are not allowed to use tobacco, vapes, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept under the control of the Camp Nurse.
4. Participant are not to possess or use fireworks (i.e. firecrackers) or explosives, nor possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the participant and/or participant's parent/guardian.
6. Participant may not leave camp property or established boundaries without staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, bullying, physical altercations and sexual harassment/intimidation may result in **IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.**
8. MISSION: IMPACT is not responsible for articles of clothing, electronics or personal belongings lost, stolen or damaged.

We reserve the right and **WILL** send **ANYONE** home (at personal/parent's expense and liability) who violates these rules. MISSION: IMPACT staff reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. I have read, understood and will abide by the rules as stated above throughout my stay at camp.

Participant Signature _____

Parent/Guardian Signature _____ Date _____