

Registration Form

Please fill out this form completely

Student Name: _____

Age: _____

Address: _____

Grade: _____

(Most recent completed)

City: _____

State: _____

Zip: _____

Phone Number: _____
(if applicable)

Parent/Guardian Information

Name: _____

Relation to Student: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

In case of emergency, whom do we contact? (If different from above)

Name: _____

Phone Number: _____

Church Affiliation (if applicable)

Church: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Pastor/Youth Leader: _____

MEDICAL RELEASE FORM

EFFECTIVE: JUNE 10 - 14, 2024

****MAIL THIS FORM WITH REGISTRATION****
PRINT WITH INK AND FILL OUT COMPLETELY

GENERAL INFORMATION

Name: _____ Age: _____ DOB: ____/____/____ Circle One: M / F
 Last First Middle

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy #: _____

Physican: _____ Physican Phone: _____

Mother's Name: _____ Phone: _____ Work: _____

Father's Name: _____ Phone: _____ Work: _____

MEDICAL HISTORY

PLEASE DESCRIBE ANY MEDICAL NEED(S) (PHYSICAL, PSYCHOLOGICAL, EMOTIONAL, ETC.,) CONCERNING YOUR CHILD THAT THE STAFF SHOULD BE AWARE OF. IF NECESSARY, SUBMIT AN ATTACHED DOCUMENT WITH THIS MEDICAL RELEASE FORM.

1. Please list any allergies that your child may have:

2. Does your child have any physical, emotional, mental, or behavioral concerns or other limitations that our staff should be aware of? *(if yes, please explain. If no, leave blank)*

3. Within the last year, has your child experienced any severe medical issues that may limit or restrict them from activities? *(ex. heart trouble, seizures, major injuries, etc.) (if no, leave blank)*

4. Please list any prescription medications that your child is receiving. *(Please include the name, dosage and instructions) (Any and all medications must be checked with and administered, or witnessed, by our camp nurse) ***

**** In an effort to help us out, please have all medications (prescription/OTC) in a labeled Ziplock bag with instructions. ****

MEDICAL RELEASE FORM

EFFECTIVE: JUNE 10 - 14, 2024

****MAIL THIS FORM WITH REGISTRATION****
PRINT WITH INK AND FILL OUT COMPLETELY

It is hereby understood that by signing this document, that _____ will be participating in Youth Camp 2024.

PRINT STUDENT'S NAME

It is hereby understood that by signing this document I, _____, am authorizing COGVA Youth Camp team to exercise their judgment in the event that a medical emergency is deemed necessary.

PRINT PARENT'S NAME

It is hereby understood that by signing this document, it releases COGVA, the Youth Camp Staff, the Board of Christian Education, and other volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

It is hereby understood that by signing this document, COGVA, the Youth Camp Staff, members of the Board of Christian Education, and other volunteers, will not be held responsible for any cost that is incurred, such as (but not limited to) medical expenses that is not covered by insurance, damages to person or property. I/we acknowledge that we will ultimately be responsible to cover such expenses.

It is hereby understood that by signing this document, I/we agree that, in the event my/our child should need to return home due to illness or injury, I/we shall cover the expenses thereof.

STUDENT NAME (PRINT): _____

PARENT NAME (PRINT): _____

PARENT SIGNATURE: _____ **DATE:** ____ / ____ / ____

Keep one copy for your records.
Send one copy to the COGVA State Office.



WAIVER AND RELEASE

THIS DOCUMENT MUST BE SIGNED AND WITNESSED

- ALL participants (campers, adults, volunteers, etc.,) must have a signed and witnessed Waiver and Release form.
- Any participant (camper or volunteer) under the age of 18 must have an authorized signature of a parent/guardian.
- Return this document with your registration and medical release form.

PLEASE CHECK WHICH BEST DESCRIBES THE ATTENDEE (ONE OR MORE MAY APPLY)

Kids Camper (K - 5) Youth Camper (6 - 12) Adult Volunteer Parent/Guardian

Consideration. *I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above-described event. I am aware of the activities which I, or my child, will be involved through said participation.*

Release/Indemnification. *I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above participation and release absolutely, forever discharge, hold harmless and covenant not to sue Camp Christi, a ministry of Church of God Virginia, Inc., and camp location, its director(s), employee(s), agent(s), volunteer(s), and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in the above-described event. I agree and indemnify and hold harmless Camp Christi and Church of God Virginia, Inc., for any such claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs, and legal expenses.*

Medical Emergency. *In the event of injury or medical emergency, I understand that the church's group leader, and not Camp Christi, Church of God Virginia, Inc., will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians or minors. I hereby release Camp Christi and Church of God Virginia, Inc., from any and all liability related to medical treatment. I acknowledge that I will assume the rise and financial responsibility for any injury resulting from my (or my child's) participation in the above-described event, or events related to.*

Camp Addendum. *The recreational programs at the above-described event strive to offer fun, safe, and challenging activities that engage the whole person - body, mind, and soul. Staff members and volunteers alike are committed to your rewarding experience with safety as their highest priority. However, there are inherent risks to participation in such activities, including but are not limited to: initiative games, outdoor education, and aquatics. You could experience any of the following - elevated or increased heart rate, uncomfortable group dynamics, ascending and/or descending unpredictable terrain, jumping, running, traveling distances in remote settings, unforeseen natural occurrences, any of which could result in injury, illness, or loss of life, limb, and/or property.*

WAIVER AND RELEASE

THIS DOCUMENT MUST BE SIGNED AND WITNESSED

Assumption of Risk. *I am aware of the potential risks associated with participation in the above-described event and do hereby voluntarily assume full responsibility for any risk of loss, property damage, or personal injury or death, either to myself, my child, or another as a result of my (or my child's) participation.*

Understanding. *I represent and acknowledge that I have completely read and understand this document and all its terms, and all matters referred to herein. I acknowledge that I have signed voluntarily as a free act and deed. I acknowledge that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release Agreement shall be construed broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian mediation/arbitration organization, for final resolution.*

Media Consent. *I give my consent and permission for the taking of photographs and/or video of me (or my child) during the above-described event and hereby waive and/or assign any and all rights (including copyright) in such media to Camp Christi and Church of God Virginia, Inc., as the sole owners of such media, shall have the exclusive rights to control and determine the use, display, performance, reproduction, and dissemination of any such media.*

Copy. *It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of this form shall be provided to Church of God Virginia, Inc.*

CAUTION:
**READ THIS DOCUMENT CAREFULLY BEFORE SIGNING AS THIS IS A GENERAL
RELEASE AND INDEMNIFICATION OF CLAIMS.**

PLEASE CHECK WHICH APPLIES:

Parent/Guardian Attendee 18 years of age or older

NAME (PRINT): _____

SIGNATURE: _____ **DATE:** ___ / ___ / ___

**IF YOU ARE A PARENT/GUARDIAN OF AN ATTENDEE UNDER 18 YEARS OF AGE, PLEASE
INCLUDE THE FOLLOWING INFORMATION:**

NAME: _____ **Relation to attendee:** _____

PHONE: _____

WITNESSED BY: _____ **DATE:** ___ / ___ / ___