

2019 Camp Moriah

Jr. Camp ____ Sr. Camp ____

Name: _____ Age: _____
Birthdate: _____ M/F _____
Address: _____ City/State: _____
Zip: _____ Phone Number: (_____) _____
Parent's Numbers: Home: (_____) _____ Cell: (_____) _____
Work: (_____) _____ Best number to call: Home () Cell () Work ()
Other: Grandparents, etc. _____
Church: _____ State _____
Pastor's Name: _____ Phone: _____

Health Questionnaire: Does camper have any of the following? Please check conditions that apply.
() Heart condition () Ear infections/hearing loss () Diabetes
() Lung disorders () Stomach disorders () Convulsions () Allergies
() Kidney disorders/malfunctions () Appendix removed () Skin conditions
() Fainting () Hernia () Asthma () Sinus problems () Behavior disorders (Please include any illness or disorder not listed that would affect your child's enjoyment of camp.) Other conditions that nurse should be aware of:

Medications:

Allergies: _____

In case of a medical emergency contact: _____

Name of Physician: _____ Phone: (_____) _____

Name of Insurance Co.: _____ Group or Policy #: _____

Child's Social Security #: _____ (emergency reasons)

As parent or guardian, I give my permission for _____ to attend Camp Moriah and hereby authorize any doctor, medical clinic or hospital ER physician to administer such treatment and/or medical procedure they deem necessary should our camp representative be unable to reach a parent or guardian via phone, or if medical attention is required by my child. I fully understand that the CAMP INSURANCE IS ONLY A SECONDARY COVERAGE and I will need to file with my Own insurance company first. I also understand that Camp Insurance coverage is for accidents only and that I accept full responsibility for any other charges for causes other than accident or charges beyond the maximum of camp insurance. My child may be treated by the camp nurse for first aid and/or with over-the-counter remedies for minor complaints. () Yes () No I hereby give my consent for my child to be under the supervision of your camp representatives and Christian leaders assigned and designated for the responsibility by camp administration.

As the Parents (Legal Guardian) of the participant named above at the camp, I do hereby agree to abide by the rules and regulations, directives and provisions as set forth by the official FGCI-Army rules and regulations. I acknowledge that I have received, read, understand and signed a copy of the rules for this year's camp. I agree to hold FGCI-Army and/or Full Gospel Churches International, its directors and staff members harmless of any

damages or liabilities due to theft, accident or injury during or resulting from my or my child's participation in the camps .I also accept the full responsibility for the regulation of hours and personal activities of the participant. I understand and agree that should war, an act of God (hurricane, fire, tornado, or any other natural disaster), or an act of Man beyond the control of the camp (such as terrorist threat or activity) cause the cancellation of the camp, that said camp will be cancelled without benefit of any refund; however, the camp will be rescheduled at another time and location. I also confirm that all of the enclosed information and forms are true and correct to the best of my knowledge and belief. FURTHERMORE, I hereby affirm that all of the information I have provided including birthdate and place of residence, to be correct and true to the best of my knowledge.

Signature of Parent or guardian: _____