Grace Christian Assembly Church Camp

Web Version
July 13 - 17, 2026

Name:_____ DOB: _____ Age:_____
Address:_____City, State, Zip:_____
Contact Name:_____Relationship:_____
Contact Number:_____
Additional Contact:_____Relationship:_____
Contact Number:_____

Cell Phone and Vehicle Notice: Cell phones belonging to minors will be collected during check-in and will be made available with permission from a counselor. Car keys belonging to minors will be collected and available from the administrator upon request.

Medical History (to be completed for all campers)

Tetanus / Immunizations up to date (circle): YES NO
Check applicable chronic illnesses: ____ Asthma ___ Kidney ____ Heart ___ Diabetes
Describe any other medical conditions:_____

_____

Food or Drug Allergies/Health Needs/Health Conditions:_____

_____

Medications and dosage instructions:_____

Please attach a photocopy of the front and back of the health insurance card.

Waiver/Release for Minors

- I hereby give permission for my child to attend Grace Christian Assembly church camp ("Camp").
- I have read and understand all the information and guidelines regarding the Camp.
- I hereby certify that my child is in good physical condition and is not affected by any medical condition, unless specified and listed above, that prevents or limits their participation in all Camp activities.
- I agree to inform the appropriate director(s) should my child's physical condition change in any way and at any time so as to affect their participation in Camp activities.
- I hereby grant and authorize Grace Christian Assembly the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of my child to be used in and/or for legally promotional materials and digital communications relating to the Camp. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Grace Christian Assembly and will not be returned.
- I acknowledge that Grace Christian Assembly will not assume any responsibility or liability for personal injury or damages whether individually caused by my child or in consort with other persons or entities.
- In the event Grace Christian Assembly is unable to reach a parent/guardian or emergency contact, I hereby give permission to the attending physician and/or other medical care providers to render any emergency treatments, medical or surgical care that might be deemed necessary to the health and wellbeing of my child. I further authorize my child to be transported to the nearest hospital or clinic for treatment in case of an accident or emergency. I assume financial responsibility for any and all expenses incurred by my child resulting from or relating to such medical care, treatment or hospitalization.
- I, on behalf of myself, my child, my heirs, assigns and personal representatives, hereby waive, release, discharge, hold harmless, and covenant not to sue Grace Christian Assembly and its agents and employees from any and all liability, claims, demands, losses, damages, personal injury or death arising out of my child's participation in Camp activities, including those caused by negligence to the fullest extent permitted by law.

I, as parent/legal guardian for the named minor child, to the fullest extent permitted by law, consent to all terms and conditions in the above waiver/release.

_____

Signature of Parent/Legal Guardian Print Name Date

Camp staff and volunteers are considered mandatory reporters in Missouri and are legally obligated to immediately report suspected or witnessed child abuse or neglect to state authorities. GCA 4/2026