

**WINTERCAMP 2012 FILL OUT AND RETURN (to your youth pastor/
leader)**

**BY
JANUARY. 9TH! [with \$80]**

STUDENT NAME:

ADDRESS, CITY, ZIP:

PHONE:

HOME CHURCH & GRADE IN SCHOOL:

EMAIL:

CHECK ONE:

MALE FEMALE

PARENT/GUARDIAN NAME[S]:

Home Phone & Cell:

Heath Insurance Company:

Policy #:

Group# [if applicable]:

MEDICAL RELEASE I hereby give an agent of the Intermountain District NYI the permission to act in my behalf to seek emergency medical treatment for my child in the event that such treatment is deemed necessary by him. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve IMNYI, its agents and employees from any and all liability resulting from their conformance with these instructions. I understand that my insurance coverage will be used as the primary coverage for my child in the event of a medical intervention is needed.

I understand that reasonable safety precautions will be taken at all times by the IMNYI and its agents during the events and activities. However, even with the best planning and precaution, unforeseen incidents can occur. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold IMNYI, its leaders, employees or volunteer staff liable for damages, losses, diseases, injuries or pain and suffering incurred by my child named on this form.

I give permission for my child to ride in any vehicle designated by activity organizers while attending and participating in activities. **If it is necessary for my child to return home due to any medical, disciplinary, or other reason, I will assume all the transportation costs.**

PARENT/GUARDIAN SIGNATURE & DATE

Who to call in emergency, if I'm not available

Student is allergic to the following drugs; if none, so state

Student has the following medical condition; if none, so state

Participant Liability Release: As a participant in activities sponsored by IMNYI, I agree to hold harmless the church of the Nazarene, its leader, employees, and/or volunteer staff for damage, losses, diseases, injuries, pain or suffering which I may incur while in attendance at or as the result of the attendance at events and activities. I also understand that if it is necessary for me to return home due to any disciplinary reason [no possession of items listed in "Don't Bring" section, no student driving, no fighting, no offensive/immodest clothing, no boys in girls rooms, girls in boys rooms, must respect property, respect one another, staff, adult leaders, respect & comply with event schedules, and must participate with the group], I/my parent/guardian will assume all the transportation costs.

SIGNATURE OF PARTICIPANT

Total amount due \$80

Tamarack ticket \$39

YES NO

Total Due

Make check payable to your local Nazarene church.

jesus