

# 2024 St. Gabriel's Episcopal Church Camp

## Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ email/Facebook/insta \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

### IN CASE OF EMERGENCY:

Who should we call: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If no answer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In case of an emergency, I understand every effort will be made to contact me. If I cannot be reached, I hereby give the Episcopal Church, through the leadership at this camp, the permission to act on my behalf in seeking emergency care/treatment for my child. In the event such care/treatment is deemed necessary I hereby give permission to medical personnel to order x-rays, routine tests, treatment, to maintain and/or release any medical records necessary for insurance purposes as outlined under HIPAA regulations. I absolve the Episcopal Church and Native Young Life from any liability in acting on my behalf in this regard.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

- The Episcopal Church and Young Life is not responsible for lost or stolen items
- All prescriptions need to be in a zip-lock container and given to staff upon arrival
- Students will adhere to the rules of the camp or will be asked to leave. If this happens, you will be notified and asked to pick up your student at the camp.
- If you do NOT want your student's picture used in church publications initial here \_\_\_\_\_