

# 4<sup>th</sup> Annual Deaf Extreme Youth Camp

## July 9-13, 2018

Complete the forms below (1/each person)& mail them, along with \$100 registration fee, to the following:

Harvest Deaf Camp  
c/o Harvest Deaf Ministries  
1314 Old Three Notch Rd  
Ringgold, GA 30736

### Registration & Medical Form (please print)

Camper's Name \_\_\_\_\_ (Male / Female) Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Deaf  Hearing  Hard of Hearing  Cochlear  A.S.L.  S.E.E.  Oral  Cued Speech

Parent/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of School camper attends: \_\_\_\_\_

Name of Church the camper is with \_\_\_\_\_

#### In An Emergency, Contact:

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

#### Health History: (Please check all that apply)

Asthma  Bleeding/clotting disorder  Convulsions (last date) \_\_\_\_\_  ADD/HD

Diabetes  Swimmer's Ear  Heart disorder  Mononucleosis  Seizure  Frequent ear infection

#### Allergies:

Hay Fever  Bee Stings  Penicillin

Foods \_\_\_\_\_

Other \_\_\_\_\_

Date of last tetanus \_\_\_\_\_ Booster \_\_\_\_\_ DTP \_\_\_\_\_

Activities to be limited by physician's advice \_\_\_\_\_

**Current Medications:** (always send with instructions in original container)

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Insurance Name \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone (\_\_\_\_\_) \_\_\_\_\_

My child may have swimmers ear prevention drops after swimming if necessary.  Yes  No

My child may have Tylenol or Ibuprofen (circle one or both) for minor aches or pains.  Yes  No

**\* PLEASE ENCLOSE A COPY OF CURRENT INSURANCE CARD (FRONT & BACK) \***

If you would like to order a Camp t-shirt, please check size below:

*Shirt sizes are all ADULT sizes.*

T-shirt:  Small  Medium  Large  XL  XXL

*If you need a youth size, please add size: Youth Size: \_\_\_\_\_*

*Please pay for shirt upon arrival at camp. Cost to be announced.*

\$100.00 Camp Registration fee paid:  check  money order

**OFFICE USE ONLY**

Payment received: Cash \_\_\_\_\_ Check# \_\_\_\_\_  
Money order# \_\_\_\_\_

Registration paperwork completed:  Yes  No

Waiver completed:  Yes  No

Insurance card copy:  Yes  No

Registration check-in complete Signature: \_\_\_\_\_

# Deaf Extreme Youth Camp

July 9-13, 2018

## Harvest Deaf Ministries Waiver Form

Deaf Extreme Youth Camp 2018, Southland Ranch, Kevil, KY

Participant's (Camper's) Name (please print): \_\_\_\_\_

I understand that all activities at the Deaf Extreme Youth Camp involve risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. The physical activities at a camp setting involve certain risks resulting from but no limited to slips, falls, equipment failure, forces of nature, and other acts of God. I assume and take on myself the risks and responsibilities associated with this activity and this environment. The participant releases and promises to hold harmless the Deaf Extreme Youth Camp for any injury arising out of the negligence of the Camp, or participant, or otherwise. In consideration of being permitted to participate in this activity, I release, waive, forever discharge, and covenant to hold harmless the board members, staff, and employees of Deaf Extreme Youth Camp from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from, or in connection with, my participation in any activities arranged for me by Deaf Extreme Youth Camp and its staff.

The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

In the event of an accident or illness, Deaf Extreme Youth Camp will make every effort to provide First Aid and is granted permission to authorize emergency medical treatment if necessary. Further, the participant agrees that Deaf Extreme Youth Camp assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

I have carefully read this document and understand and agree to all the above:

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If participant is under the age of 18, a parent or guardian must sign below:**

Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Consent for publishing likenesses (photographs/videos) on our website, Facebook, publications or for any other advertising means:**

Yes  No I allow Harvest Deaf Ministries to use any likeness (photograph/video) of me or my child(children) for camp or ministry publications

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