

Fuge Participant Form

Bring ONE notarized copy of this sheet to registration and keep ONE notarized copy for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Participant Name _____ Age _____ Date of Birth ___/___/___
SS# _____
Address _____ City _____ St _____ ZIP _____
Name of Church _____ Address _____ City _____ St _____
ZIP _____
In case of an emergency notify: _____ Phone Numbers - Home: (____) _____
Work: (____) Mobile: (____) Pager: (____) Other: (____)

Medical Profile

Generally, Participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma Sinusitis Bronchitis

Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a participant or my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify LifeWay for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp or event or while on property leased or owned by LifeWay. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date: ___/___/___

Parent/ Guardian Signature _____ Phone (____) _____ Date: ___/___/___

Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this _____ day of _____, 20____.

Notary signature: _____

My commission expires: _____