

Year \_\_\_\_\_

**SR HIGH RETREAT @ CAMP HEBRON**

CHURCH \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**EMERGENCY CONTACT:**

1<sup>st</sup> Parent/Guardian \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

PHONE: daytime ( ) \_\_\_\_\_ night ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

PHONE: daytime ( ) \_\_\_\_\_ night ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

I understand that Camp Hebron will make every effort to create a safe and secure experience for me or my child. My signature below releases Camp Hebron, its staff and volunteers from any liability related to accidents, illness or injury that may occur. I affirm that, to the best of my knowledge, the medical health information is correct. I hereby give permission to Camp Hebron staff to provide ongoing health care and supervision for the person listed above. I understand that effort will be made to reach me in an emergency. In the event I cannot be reached in an emergency, I hereby give permission for Camp Hebron personnel to secure proper treatment for and/or hospitalize the camper. I authorize this form to be photocopied and/or faxed for medical use. **By my signature below, I verify that I am custodial parent or legal guardian of this camper.**

CIRCLE ANY CONDITIONS EXPERIENCED BY THE CAMPER:

ASTHMA    HEART DISEASE    SEVERE ALLERGIC REACTION    DIABETES    SEIZURES    OTHER \_\_\_\_\_

LIST ANY ALLERGIES (MEDICATION, FOOD, ETC.): \_\_\_\_\_

LIST ANY MEDICATIONS TAKEN REGULARLY ALONG WITH FREQUENCY AND DOSAGE: \_\_\_\_\_

PLEASE SEND MEDICATIONS WITH YOUTH. ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER.

FAMILY PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

IMPORTANT: Any youth who regularly uses an inhaler MUST bring the inhaler with them to camp.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Participant Release Form for Camp Hebron Climbing Wall

Certain health/medical information must be made known to the instructor(s) conducting your climbing wall experience, so that they can appropriately respond if necessary. This information will be held in confidence. **Each individual that will participate in the climbing wall must fully complete and return this form to Camp Hebron at the weekend's registration in order to participate. Failure to do so will forfeit your participation in the adventure activity.**

1. Name \_\_\_\_\_ Date of adventure activity \_\_\_\_\_ Age \_\_\_\_\_

2. Do you have any limiting physical, medical, and/or emotional conditions or limitations? YES \_\_\_ NO \_\_\_  
If yes, please identify and explain:

3. Have you undergone a kidney transplant or had other surgery in the last two months? YES \_\_\_ NO \_\_\_

4. Are you currently seeking or have received care from a medical professional in the past for any of the following: YES \_\_\_ NO \_\_\_  
Heart disease High blood pressure Pregnancy (currently)

If yes, please explain.

### RELEASE OF LIABILITY/ and PUBLICITY RELEASE

I understand that aspects of Camp Hebron's adventure programs may be physically and emotionally demanding. I affirm that I am in good health, and that I am not under a physician's care for any undisclosed condition that bears upon my ability to participate in these activities. I recognize the inherent risk of injury or disability in these activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Camp Hebron, all staff members, volunteers, and board of directors from all liability for any injury to me from participating in these activities. The participant grants Camp Hebron, Inc., and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself, for use in materials they may create and distribute (unless instructions to the contrary are written below).

\_\_\_\_\_  
Signature of Parent (if participant is under 18 years of age) Printed Name of Parent Date

\_\_\_\_\_  
Signature of Participant Printed Name of Participant Date

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Signature of Participant Printed Name of Participant Date