

# 7-9<sup>th</sup> Flambeau River Camp Amnicon Canoe Trip Form

## First Lutheran Church Medical Release, Indemnification, and Photo/Video Release Form

I give my child permission to attend the 7-9<sup>th</sup> Grade trip to Camp Amnicon and the Flambeau River on August 8-13<sup>th</sup>, 2010. I understand that we will meet for a few informational meetings, at least two service events, that my deposit of \$100 is non refundable, and that the final total of **\$275 paid altogether** is **due by July 8<sup>th</sup>** and is non-refundable after the final payment has been sent to camp. I also understand that I will have to obtain a "camp physical" for my child and will have further paperwork to complete from the camp, and that I will turn that paper work in to the Church in a timely fashion.

**YOUTH NAME**(Please Print) \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PARENT/GUARDIAN NAME (S)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**CELL PHONE(S)** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**(REQUIRED, Please list someone other than parent / guardian(s) )**

**IF NOT AVAILABLE CONTACT** \_\_\_\_\_

**CELL PHONE (S)** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**PRE-EXISTING MEDICAL CONDITIONS** \_\_\_\_\_

**MEDICATIONS**(Please have in labeled bottle with instructions) \_\_\_\_\_

**DIETARY CONCERNS** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**ADDITIONAL COMMENTS or CONCERNS** \_\_\_\_\_

*Please fill out information below OR attach a copy of your medical insurance card.*

**MEDICAL INSURANCE CARRIER** \_\_\_\_\_

**POLICY#** \_\_\_\_\_

**ADDRESS OF INSURANCE CO.** \_\_\_\_\_

In the event of a medial emergency, I authorize medical treatment for the above named youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume any and all risks of injury or death arising from or relating to the Activities I have given my child permission to participate in at First Lutheran Church and waive and release any and all suits or demands of any kind or nature whatsoever against First Lutheran Church, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities. I also give First Lutheran Church permission to photograph and/or video the participant and for those photos and/or video to be used by First Lutheran in communicating with the congregation and the wider community. I know that I can retract this permission for photo and/or video use at any time by contacting either the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed to on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent or Guardian)

Update:4-2010 - CR