

WEEKLONG

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home/Cell Phone: _____ Birth Date: ____/____/____ Age: _____

Family Information

Father's Name (First and Last Name): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Father's Home Phone: _(____)_____ Work Phone: _(____)_____

Mother's Name (First and Last Name): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother's Home Phone: _(____)_____ Work Phone: _(____)_____

Health Information

1. Which best describes your current physical health? Excellent Good Fair Poor

2. Do you have or have you ever had any physical handicaps? _____

3 If you answered "yes" to question 2, please explain: _____

4. Do you have any allergies (explain)? _____

5. Have you experienced any "mental health" issues within the past 12 months that required counseling and/or medication? If so, please explain. _____

Treating Doctor's Name: _____ Address/Phone Number: _____

Type of medication/Therapy: _____

6. Are you currently taking any medications? Yes No If so, please explain briefly: _____

7. Are you subject to any bothersome habits or nervous disorders that impair you from functioning as you would like? Yes No If yes, please explain briefly: _____

Bellevue Christian Center

Activity Consent and Authorization Form

(revised 3/02/10)

Permission Slip ♦ Waiver and Release ♦ Medical Information, Consent, and Authorization

One per family

Name of Participant _____ Date of Birth _____
Name of Participant _____ Date of Birth _____
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Name of Participant _____ Date of Birth _____
Name of Participant _____ Date of Birth _____
Name of Participant _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Name of Authorizing Person and Relationship (Please Print) _____ (Circle One:
Parent, Guardian, or Self, if over 19 years of age.)

Home Phone _____ Work Phone _____ Other Phone _____

SECTION I - PERMISSION

I hereby grant full permission for my child / children / self {insert name(s)}, _____
_____ to participate in **all of the authorized activities of the Bellevue Christian Center of Bellevue Nebraska, from January 1, 2010 to December 31, 2010.** This includes, but is not limited to revolution, Young Adult, Senior High, Junior High, Cell Groups, Royal Rangers, Mpact, BCA, Noah's Ark, etc. These may include such events as Weeklong, weekend retreats, field trips, campouts, swimming, boating, hiking, sporting events, mission trips, and any other activities associated with this church body. I further understand that such activity may include transportation and direction by chaperones or sponsors. I also certify that my (child / children/ self), is physically fit and adequately trained to participate in such events, including swimming, except as noted below:

_____.

SECTION II - WAIVER AND RELEASE

I hereby release Bellevue Christian Center, its subsidiaries, agents, staff, and volunteers in whole and individually from any and all responsibility and/or liability for any harm, injury, or sickness, which may result to the above named participant(s) as a direct or indirect result of participation in the aforementioned activity. I waive any right to hold Bellevue Christian Center liable for any such injury, harm, or sickness.

SECTION III - MEDICAL HISTORY AND CONSENT

In the event of illness, injury, or other medical emergency, I authorize first aid and or professional medical care to be administered to the above named participant(s). If required by the medical provider, I hereby grant specific power of attorney to the Adult Leader in charge of said activity to allow him/her to consent to medical treatment. In so doing, I release said Adult Leader from any and all liability for any harm, injury, or illness resulting from said medical treatment.

In addition, I hereby authorize and consent to any treatment not limited to, but including diagnostic procedures, the performance of any emergency surgical procedure, administration of anesthesia, or other such treatment deemed necessary by the professional medical provider.

I acknowledge that I am financially liable for any and all medical care provided, and I shall not hold Bellevue Christian Center and/or its agents, or the medical provider liable for any medical expenses or costs incurred as a result of medical treatment which may be rendered.

MEDICAL AND INSURANCE INFORMATION

Please list any allergies, including allergies to medication _____
_____.

Identify any medications currently being taken and the schedule of such if applicable

_____.

Is participant susceptible to or have any history of the following?

- _____ Asthma
- _____ Seizures
- _____ Heart Trouble
- _____ Hemophilia
- _____ Infections
- _____ Vision or Hearing Impairment
- _____ Other Physical Impairments, Limitations, Dietary Requirements, Communicable Diseases, or Medical Conditions that we should be aware of: (Please List)

Name of Medical Insurance Company _____
Name of Insured Person _____
Name of Employer or Group _____
Policy Number or SS# _____
Insurance Co. Phone Number _____

AUTHORIZATION

I have read and completed all of the above Activity Consent and Authorization Form and agree to all the statements, limitations, authorizations, waivers, and provisions listed therein.

Signature of **Authorized Person** named above _____ Date _____

NOTARIZATION

State of Nebraska
County of Sarpy

I hereby certify that on this day, before me, the above named authorizing person, in the state and county listed, personally appeared before me, signed and executed this document.

Witness my hand and official seal in the state and county aforesaid this _____ day of _____, 20____ AD

My commission expires: _____

Signature of Notary Public _____

Parents & Students

REGISTRATION FEES:

Early registration fee	\$185 (by July 15 th)
Full registration fee	\$200 (after July 15 th)
Leaders	\$85

Students going on either
Mission's Trip OR are a part
of M.I.T. \$50*

***There is no further discount if you were a part of 2 or more of these.**

RULES & REGULATIONS:

1. We should strive at all times to conduct ourselves as ladies and gentlemen with proper consideration for others.
2. Attendance is required at all activities and services.
3. Room and grounds must be kept clean and tidy. Take care of property. Campers are responsible to pay for damage to their unit. Should an offender not be identified, the room members will be charged equally.
4. Boys are not allowed in girls' rooms; girls are not allowed in boys' rooms.
5. Boys' and girls' clothing, recreation attire, and bathing suits must be modest.
6. Campers must be in bed and quiet by "lights out."
7. No camper shall leave the grounds without proper permission from a Camp Executive.

The lack of cooperation, unnecessary roughness, lack of respect for property, leaving cabins at night after lights out, or an unwholesome attitude on the part of any camper will result in expulsion from the camp. Parents are asked to help in explaining these rules to their children and encouraging their compliance. The expense of transporting expelled campers home from camp must be borne by the parents.

WHAT TO BRING:

- Sleeping bag / bedding
- Pillow
- Pajamas
- Socks & under clothes
- modest swim suit
- Recreational clothes
- Tennis shoes for recreation
- Flashlight
- Beach towel
- Bath towels & wash cloth
- Sweatshirt or jacket
- Bible
- Notebook and pen
- Plastic bag for wet/dirty clothes
- Flip flops for shower / pool
- Toilet articles