

Kids Camp
June 24th - June 28th

Parents please complete with student information

Student Name _____

Date of Birth _____

Age _____

Gender at Birth _____

Grade _____

Address _____

Phone Number _____

Email _____

Name of Church attending with _____

Kids Pastor/Director Name _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Alternative Phone Number _____

Please list any food allergies your student may have (Gluten/Dairy/Peanuts)

(Please circle one)

Paying via: Check or QuickPay by Zelle

**If a partial scholarship is needed, please talk to Pastor Jacque

Medical Information

Medical Conditions _____

Allergies _____

Insurance Carrier _____

Insurance Phone Number _____

Insurance Policy # _____

Will student will be bringing medication to camp? _____

Signature Required Below

Medical Consent

I DO HERBY STATE THAT I HAVE LEGAL CUSTODY OF THIS CHILD, A MINOR. WHILE THIS MINOR IS A REGISTERED CAMPER AT ANY 2019 ARIZONA ASSEMBLIES OF GOD SUMMER CAMP, I HEREBY AUTHORIZE ANY DIRECTOR, STAFF MEMBER, NURSE, DEAN, LIFEGUARD, OR OTHER RESPONSIBLE PERSON OF SAID CAMP TO CONSENT TO X-RAY EXAMINATION, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO THIS MINOR UNDER THE SUPERVISION AND ADVISE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF ARIZONA, WHEN SUCH MEDICAL OR SURGICAL TREATMENT IS NECESSARY. I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL EXPENSES AND CHARGES INCURRED TO THE EXTENT NOT COVERED BY APPLICABLE INSURANCE.

I, the undersigned, agree to the terms above.

ACKNOWLEDGMENT OF KNOWN RISKS *

TO INDUCE ARIZONA MINISTRY NETWORK TO AGREE TO PERMIT MINOR TO PARTICIPATE IN THIS TRIP, PARTICIPANT (ALSO REFERRED TO AS "I") HEREBY ASSUMES THE "KNOWN RISKS" ASSOCIATED WITH ARIZONA MINISTRY NETWORK FACILITIES:

A. IF MINOR IS INJURED AS A RESULT OF THE OCCURRENCE OF ONE OF THESE KNOWN RISKS, THEN PARENT/GUARDIAN

WILL LOOK FIRST TO MY OWN INSURANCE COMPANY FOR COVERAGE. I WILL THEN LOOK TO THE APPLICABLE INSURANCE CARRIED BY ARIZONA MINISTRY NETWORK, BUT ONLY TO THE EXTENT OF APPLICABLE LIMITS.

B. AS A CONDITION PRECEDENT TO PARTICIPANT BEING ALLOWED TO BE PRESENT ON GHCC PROPERTY, PARENT/GUARDIAN AGREES NOT TO ASSERT ANY CLAIM OR JUDGEMENT AGAINST THE ASSETS OF GHCC AND ITS AFFILIATES IN EXCESS OF THEIR APPLICABLE INSURANCE COVERAGE AND SPECIFICALLY WAIVES THE RIGHT TO COLLECT A JUDGEMENT OF ANY KIND HAS OVER AGAINST THE REAL OR PERSONAL PROPERTY OWNED OR USED BY ARIZONA MINISTRY NETWORK.

C. THESE "KNOWN RISKS" INCLUDE HIGH ROPES COURSE, ACTIVITIES ON THE CLIMBING TOWER SUCH AS CLIMBING WALLS, GIANT LADDER/VERTICAL PLAYPEN, AND RAPPELLING, HIGH ROPES CONTINUOUS COURSE, GIANT SWING, SWIMMING, POOL SPORTS, ARCHERY, BASKETBALL, VOLLEYBALL, TEAM BUILDING AND FIELD GAMES, FIELD SPORTS, HIKING, RUNNING, BOULDERING, MOUNTAINEERING, ROCK CLIMBING, PLAYGROUND EQUIPMENT, SHOWERS AND BATH FACILITIES, AND ALL OTHER RELATED ACTIVITIES.

I, the undersigned, agree to the terms above.
