

Participant Form

* Send notarized original to Skycroft

*Include a photocopy of insurance form or card

Participant Name _____ Age _____ Date of Birth ____/____/____ SS# _____
Address _____ City _____ St _____ Zip _____ Grade Completed _____
Name of Church _____ Address _____ City _____ State _____ 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 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/conference/event director, church official, any camp or event staffer, or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp/conference/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 Skycroft Conference Center and Amped Student Ministry of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claims, 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 Skycroft, Amped Student Ministry and the Baptist Convention of MD/DE for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by Skycroft, Amped Student Ministry or the Baptist Convention of MD/DE.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

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

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

Notary Acknowledgement

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: _____