

## YEX 2024 REGISTRATION JULY 8-12, 2024

Please complete this registration for EVERY Camper, Chaperone, and Leader attending YEX 2024

**CAMP PRICING TBD - CHECK DCN WEBSITE FOR UPDATES**

**Check One:**

Camper       Chaperone

**CAMPER / CHAPERONE INFO**

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Age at time of camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Does the camper have a sibling attending with them?**      yes/no

**PARENT/GUARDIAN INFO**

First and Last Name of parent/guardian: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **MEDICAL INFORMATION**

Please complete the following medical information so that our camp medical staff can better prepare to assist your camper or hero in the event of an emergency. The information listed below will only be shared with the necessary leaders.

NOTE: Campers, are NOT permitted to keep over-the-counter (OTC) medication on them or in their luggage. Any OTC medication that may be needed to treat minor medical issues (such as a headache, cramps) are available at the Camp Nurse station. This is for the safety and security of all the camp attendees.

Does the camp attendee have any physical or medical limitations or medical conditions?

Yes                      No

Will the camp attendees be bringing any prescribed or OTC medication with them?

Yes                      No

Physical Limitations: \_\_\_\_\_

Medical Limitations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## **MINOR ALLERGY LIST**

*Please include all pertinent information so camp medical staff can treat any issues that may arise. Include reactions to OTC medications, Food, Contact dermatitis, etc. For example: if your camper/hero presents symptoms that would be treated with an OTC medication such as Children's Tylenol, but the camper/hero has an allergic reaction like a rash when taking Children's Tylenol, camp medical staff would be able to treat the symptoms and the allergic reaction at the same time.*

Allergy \_\_\_\_\_

Reaction \_\_\_\_\_

Treatment \_\_\_\_\_

Note to Camp Staff \_\_\_\_\_

## **COVERED BY HEALTH INSURANCE**

Yes                      No

*Please provide a copy of the front and back of your insurance card. If you do not have a medical insurance card but have a policy number, please include the information including policy holder's name.*

Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

# YEX Waiver and Release

I, \_\_\_\_\_, hereby consent to \_\_\_\_\_ in participating in the activities connected with YEX camp, an activity sponsored by The Family Church at Christian Retreat from July 8 - 12, 2024. I certify that \_\_\_\_\_ is able to participate in these activities, including, but not limited to swimming, canoeing, sports challenges, extreme obstacle course, water slides, and other outdoor activities.

If \_\_\_\_\_ has medical conditions, that may be relevant to a physician or the camp medical staff in the event of an emergency, I have listed them in the Medical Information section of this registration form. In the event of an emergency, I have included the emergency contacts with this registration.

If the emergency contact(s) cannot be reached within a determined reasonable period of time by the camp medical staff, I hereby authorize the camp medical staff to make emergency medical decisions for \_\_\_\_\_.

I authorize camp medical staff to administer over-the-counter (OTC) medication to \_\_\_\_\_ in the event of a non-emergency situation and have included the pertinent allergy information requested to assist the camp medical staff in making decisions regarding the medical care for \_\_\_\_\_.

If there are any activities I do not want to be involved in, I have included them in the Medical Information section of this registration form.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS THAT MAY BE ENCOUNTERED WITH SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold YEX (Youth Explosion), The Family Church at Christian Retreat, and Gospel Crusade, Inc. and its agents, employees, and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury and/or illness to or property, even injury and/or illness resulting in death, including, but not limited to exposure to COVID-19 or other communicable diseases, which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

**PHOTOGRAPHY PERMISSION** Yes / No

*I permit the use of video or pictures of my child taken during the services or activities at YEX for publicity purposes, including, but not limited to websites, social media, and printed material generated by Gospel Crusade, Inc.*

**Please note:** Camp Services are live-streamed online and on other social media sites. We cannot guarantee that the camper will not be shown on the live stream.

Parent/ Guardian Print \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

**PLEASE NOTE: Registrants will not be accepted without all information completed.**