

**Hammonasset Youth Weekend Camp Out
September 8, 9, & 10, 2006**

Adult Advisor Registration and Medical Form

Complete in ink. One form must be submitted for each adult attending.

PLEASE PRINT.

Name of Participant: _____

Street Address: _____

City/Town: _____ **State:** _____ **Zip Code** _____

Home Telephone: _____ **Date of Birth:** _____ **Age:** _____

T-Shirt Size (Adult Sizes): XS S M L XL 2XL 3XL (Circle One)

Church Name, City and State: _____
(Church you are attending the event with)

In an emergency, please notify:

Name: _____ Phone: _____

Address: _____

Do you and/or your family have medical or hospital insurance? YES _____ NO _____

Provide insurance information below or a photocopy of both sides of your insurance card.

Name of Insured: _____ Member ID #: _____

Carrier: _____ Policy or Group #: _____

Carrier Address: _____

If there are any medical conditions of which we should be made aware, please describe them:

IMPORTANT!!! All participants must sign the opposite side of this form.

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Permission to Attend and Participate

I understand and certify that my participation at the Hammonasset Youth Weekend Camp Out (Event) and its activities is completely voluntary. I recognize that there are a variety of activities that will take place. I acknowledge that although the Event Officials have taken reasonable safety precautions, they cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of accidents and/or injuries.

I further recognize and understand the importance of knowing and abiding by the campground's rules, regulations and procedures for the safety of Event participants.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by my church's youth leader or members of the Event Planning Committee or their representatives to order x-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me. In the event that I am unable to communicate in any emergency, I hereby give permission to the physician selected by my church's youth leader or the Event Planning Committee to secure and administer my treatment, including hospitalization, as necessary.

During the Hammonasset Event, group and individual photographs or electronic images may be taken and displayed as part of the program. I grant permission for photos or electronic images of me to be taken and used in this manner. I understand that these photos or electronic images may appear on the New England Synod web site or in other forms, and may be used in promotional materials for the New England Synod Hammonasset event.

Name of Participant (Please Print): _____

Signature of Participant: _____

Date: _____