

**Hammonasset Youth Weekend Camp Out**  
**September 8, 9, & 10, 2006**  
**Youth Registration and Medical Form**

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

PLEASE PRINT.

Name of Participant: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Grade (2006-07) (Circle One):    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>    Other \_\_\_\_\_

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

Church Name, City and State: \_\_\_\_\_

(Name of church youth is attending the event with)

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (Please provide contact information other than parents.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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. If participant is under the age of 18 years, a parent or legal guardian must sign for participant.**

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**Permission to Attend and Participate**

I understand and certify that my/my child's 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 Hammonasset participants.

If I am signing this form as the parent or legal guardian of a participant, I acknowledge having instructed my child in the importance of knowing and abiding by the campground's rules, regulations and procedures for the safety of Hammonasset 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 or my child. In the event that I am unable to communicate, or cannot be reached to make decisions on behalf of my child 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 treatment, including hospitalization of my child, or me if I am the injured person.

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 or my child 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: \_\_\_\_\_

(If participant is under 18 years of age)

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_