

Global Youth Ministry
Global Youth Camps
40 Blackhawk Trail
Chatsworth, GA 30705
877-251-1800
www.globalyouthministry.org



Camp Medical Information & Release Form

Name _____ Gender _____ Age _____ Birthdate ____/____/____
Church/Org _____ City _____ State _____

In case of emergency, notify:

Name _____ Phone _____ Phone 2 _____
Address _____ Relationship _____

Family Physician:

Name _____ Phone _____
Address _____ City, State, Zip _____

Insurance Information

Provider: _____ Policy No. _____
Address _____ City, State, Zip _____

Policy Holder _____ Type of plan: group individual

Allergies/Other Info

Penicillin Insect Bites Hay Fever

Poison Ivy Other: _____

Date of last Tetanus shot: _____

Is the participant on any prescribed drugs/medication: yes no

If yes, please explain: _____

What medications will be brought to camp/retreat? _____

NOTE: Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Photo Release: With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above stated camp/retreat for the purposes of publicity, staff training, and/or promotion.

I, the participant/parent/guardian as signed below, hereby give consent and/or authorization for the individual listed on this form to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I also understand that my insurance is primary in any and all claims, and the sponsoring church or organization becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Signature of participant (over 18) OR
Signature of parent or guardian (if participant is under 18)

Date



Medical Questionnaire

Name _____
Age _____
Group _____

This form is intended to remind participants, group leaders and staff of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern.

Please explain any "Yes" answer.

		Questions
1. Do you have pre-existing medical conditions?	No	Yes
2. Are you taking medications?	No	Yes
3. Do you have heart conditions?	No	Yes
4. Do you have high blood pressure?	No	Yes
5. Do you have allergies (food, bees, insects, medicines)?	No	Yes
6. Do you foresee any problem participating in activities due to lack of exercise back home?	No	Yes
7. Do you have a disability (physical, intellectual, emotional)? If yes, please indicate the functional implications and any concerns about participation related to the disability.	No	Yes
8. Do you feel any pressure or coercion from employer or others to participate in outdoor recreation or adventure activities?	No	Yes

Emergency contact _____ Telephone _____
Medical Insurance _____

I have honestly disclosed any medical, psychological or personal information relating to personal safety and related health. I understand that engaging in any activity on YMCA Blue Ridge Assembly grounds is a personal choice. When involved in staff-led adventure activities, I understand that a "challenge by choice" atmosphere exists; and I choose the level at which to participate.

Signature _____ Date _____



Informed Consent and Liability Release

YMCA Blue Ridge Assembly is located in a natural mountainous terrain. While attention to safety is a primary concern on the Blue Ridge grounds, there are inherent risks while engaging in recreational activities in a natural setting. YMCA Blue Ridge Assembly also offers adventure and outdoor activities led by Blue Ridge staff. The facilities and programs have an excellent safety record with trained instructors. Stringent safety precautions and operational procedures are enforced. However, with any adventure activity, there is potential for injury. YMCA Blue Ridge Assembly requires that all participants sign the informed consent and liability release below indicating that they understand potential risks. Parents must co-sign for all participants under the age of 18.

1. I acknowledge that my participation in recreational activities, both self-guided and staff-led, involves known and unanticipated risks which could result in personal injury. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.
2. I understand that adventure activities supervised by trained Blue Ridge staff may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, mountain biking, hiking, swimming and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by the conference group leader.
3. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I am willing to assume the risk of any medical or physical condition I may have.
4. I accept and assume all of the risks existing in chosen activities. These include activities led by Blue Ridge staff, activities led by the conference group and individual recreation activities. During any activity, there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities risks include the potential for slips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, or else I agree to bear the costs of such injury or damage to myself. YMCA Blue Ridge Assembly does not provide health or accident insurance for participants.
6. I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold YMCA Blue Ridge Assembly, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

Name _____
Address _____
Home Telephone _____ Emergency Telephone _____
Group Name _____

Signature _____ Date _____

Parent Signature (participants under age 18) _____ Date _____