# Encounter God's Presence
## Jamaica Mission Registration Form

**Jamaica Mission Trip**
**July 14th - 20th, 2019**

**Form is for (circle one) student or adult along w/ $100 deposit.**

**With a church group or EGP:** _____

**Name:** _____

**Address:** _____ **Applicant's cell:** _____

**City:** _____ **State:** _____ **Zip:** _____ **Email:** _____

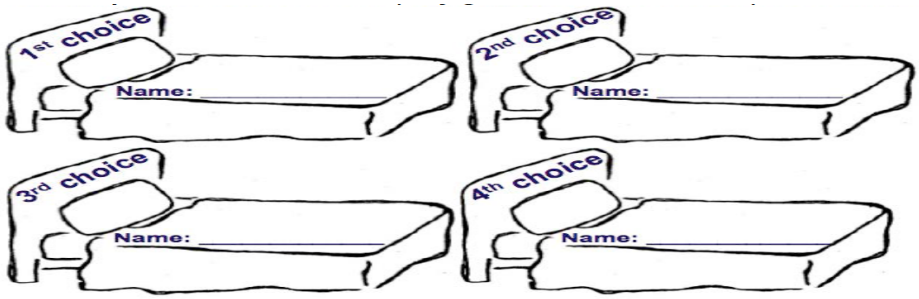
**Age:** _____ **B-date:** _____ **Gender:** ☐ male or ☐ female **Social Media:** _____

**Parent's Names & Cell Phone #'s:** _____

**Parent's Names & Cell Phone #'s:** _____

☐ Extra shirt $10 (1 shirt included)

**Have any requested roommates? (May get 1 of the 4.)**




## PARENTAL CONSENT TO EMERGENCY NEEDS AND RELEASE OF LIABILITY

*Form must be signed by legal guardian for youth (18 and younger) and adult worker (18 or older) sign their own.*

A. I do hereby give my authorization and consent to any emergency medical or surgical treatment that may be needed while he/she/myself participates in the Encounter God's Presence camp, including transportation to and from the camp. This consent authorizes physicians, technicians, assistants, nurses, and other qualified medical or hospital personnel to render any treatment they deem necessary arising from any emergency that may occur during any activity herein stated above, including anesthesia. I give my consent to allow camp leaders to administer medication as they deem necessary for headache, stomach problems, or other minor medical issues that may arise during camp.

B. My child/myself is participating in these activities with my full permission. I assume all risk of loss, damage, and liability my child/myself or personal belongings may sustain or incur while participating on this trip. I shall hold harmless Encounter God's Presence Camp, it's affiliate churches and their employees, representatives, and volunteers for any damages whatsoever in the event of injury, illness, or death of said child by any cause whatsoever, including negligence by the Camp, it's directors, and employees therewith of any such liability, and I agree to pay any such damages.

C. I recognize that this is a Christian camp, that the Bible will be studied, and that camp conduct will be expected to be consistent with Christian values. I agree that any photos/videos taken at camp may be used for promotional materials. I give leadership permission to search backpacks and belongings if necessary. I understand anything illegal will be handled by the local authorities.

***I also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the staff members, not only for medical reasons but for disciplinary reasons as well.***

**Signature** of Parent/Guardian / Adult worker (18 or older) _____ **Printed name** _____ **Date** _____

**Continued form for camper:** _____

## Medical Information

Please check Yes or No for each question.

If yes is checked, please give approximate dates of occurances and indicate whether mild or severe.

### Medical Conditions

Yes No

❍ ❍ Does this camper have asthma? _____

❍ ❍ Has this camper ever had convulsions? _____

❍ ❍ Does this camper have diabetes? _____

❍ ❍ Does this camper have a heart defect? _____

❍ ❍ Does this camper have any other medical conditions or diseases?

### Limitations

Yes No

❍ ❍ Does this camper have physical limitations? _____

❍ ❍ Has this camper had psychiatric treatment? _____

❍ ❍ Does this camper have mental limitations? _____

### Medications

Yes No

❍ ❍ Does this camper take any prescription medications?

If yes, please list: (see medication policy) _____

What is the reason for taking the above medication? _____

❍ ❍ Is this camper allergic to any medications?

If yes, please list: _____

### Allergies

Yes No

❍ ❍ Is this camper allergic to peanuts?

❍ ❍ Is this camper allergic to red dye?

❍ ❍ Is this camper lactose intolerant?

❍ ❍ Does this camper have allergies? (food, animals, insects, etc.)

### Other Details

Yes No

❍ ❍ Are immunizations current for this camper?

❍ ❍ Does this camper have any difficulty with bed wetting?

❍ ❍ Is there any additional information regarding this camper that you feel might be helpful? _____

## Emergency Information

### Medical Insurance

Name of Family Physician _____ Phone ( ) _____

Do you carry family medical/hospital insurance? ❍ Yes ❍ No

Carrier Name _____ Phone ( ) _____

Group Policy Number _____ Name of Policy Holder _____

Estimated date of last Tetanus shot: _____

**In case of Emergency # :** _____ **Emergency Name :** _____

**2nd Emergency # :** _____ **Emergency Name :** _____

**Signature** of Parent/Guardian / Adult worker (18 or older) **Printed name** **Date**