

CenterPoint Church Summer Camp

Camper Information/Medical Release/Participation Agreement

Activity Information

Name of sponsoring organization: CenterPoint Church

Address: 20383 Interstate 30 S., Benton, AR 72015 Phone: 501-776-2570

Name of sponsor's coordinator: Krista Petty Phone: 501-776-2570

Description of activity: CenterPoint Church VBS 2025

Date(s) and location of activity: July 28th -30th; CenterPoint Church, Benton, AR 72015

Participant Information

First & Last Name: _____ Birthday (MM/DD/YYYY): _____

Grade you will have just completed during camp: _____ Gender: ☐ M ☐ F

Cell Phone: _____ Email: _____

Home Address (Street, City, State, Zip): _____

Parent/Guardian Information (If participant is a minor)

First & Last Name: _____ Email: _____

Phone (Daytime): _____ Phone (Evening): _____

Medical Information

Emergency Contact Name & Relationship: _____

Emergency Contact Cell Phone: _____

List any medical conditions/diseases/physical limitations of any kind: _____

Restricted Activities: _____

Allergies (Food, Medical, Insects, Etc.): _____

Does Participant have an EpiPen? ☐ Yes ☐ No

Family Physician: _____ Physician Phone: _____

Is CenterPoint Church authorized to approve medical treatment? ☐ Yes ☐ No

(Continued on Back)

Is Participant covered by personal/family medical insurance? ☐ Yes ☐ No

If yes, Family Medical Insurance Carrier: _____

Policy/Group Number: _____

Medications

Medications 1: _____ Purpose: _____

Dosage, Frequency Taken, Time of Day Taken: _____

Medications 2: _____ Purpose: _____

Dosage, Frequency Taken, Time of Day Taken: _____

Medications 3: _____ Purpose: _____

Dosage, Frequency Taken, Time of Day Taken: _____

Medications 4: _____ Purpose: _____

Dosage, Frequency Taken, Time of Day Taken: _____

By listing and sending medication you are approving that a CenterPoint Church representative administer required medication unless otherwise stated.

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Printed Name: _____ Relation to Camper: _____

Signature: _____ Date: _____

(Parent/Guardian signature required if camper is under the age of 18)

Printed Name: _____ Relation to Camper: _____

Signature: _____ Date: _____

(Parent/Guardian signature required if camper is under the age of 18)