

Ocean Grove Camp Meeting Assoc. Children's Summer Program Registration

Child Information

Name: _____ Date of Birth: _____ Age: _____ Grade: _____
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Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Contact Information (We only need your summer address if it is different from the address listed on the medical form.)

Parents'/Guardians' Names: _____

Summer Address: _____

City: _____ St.: _____ Zip: _____

E-mail Address(es): _____

Phone Numbers (please provide those which are applicable)

Home - _____ Mom Cell - _____

Dad Cell - _____ Guardian/Babysitter Cell - _____

If we can't reach you at any of the above numbers, whom should we call?

person - _____ relationship - _____ phone number - _____

Other Items to Note

Other Concerns: _____

How long will your child be attending the program? _____

Is your child allowed to leave on his or her own? _____

If not, whom may your child leave with? Please list all possibilities.

By signing below, I verify that the above information is accurate to the best of my knowledge. I am also willing to present a birth certificate, if needed, to authenticate the age of my child.

X _____ date: _____

Ocean Grove Camp Meeting Association
MEDICAL RECORD AND LIABILITY RELEASE FORM.

(Each person must bring this form with them in order to register. Persons without a form will not be able to attend.)

All Programs, Events, Activities for Summer **2017**

Date signed: _____

SECTION I: MEDICAL RECORD AND INSURANCE

Full Name: _____

Date of birth: _____

Address: _____

City/State/Zip: _____

Home phone: (____) _____

MEDICAL INSURANCE INFORMATION

Is this person covered by a medical insurance policy? Yes _____

No _____

Name of policy holder: _____

Relationship to participant: _____

Insurance company: _____

Phone #: (____) _____

Medical insurance policy number: _____

Check one: Group plan: _____ Individual/Family plan: _____

MEDICAL HISTORY

Blood Type: _____

List allergies or allergies to medications: _____

List medication(s) presently taking: _____

Please describe any medical problems or conditions inc. mental & emotional _____

List any restrictions on sports or physical activity: _____

I hereby give permission for the person listed above to be treated with the following medications (Check medications you approve for this person to receive): Tylenol Aspirin Pepto Bismol Ibuprofen Artcard products

List any medications person should not have: _____

Doctor's name: _____

Doctor's phone: (____) _____

SECTION II: MEDICAL TREATMENT RELEASE AND LIABILITY RELEASE

I, the undersigned parent or guardian (or self if adult 21 or over), do hereby grant permission for _____ to attend the programs of the OGCMA. I hereby authorize the OGCMA staff to obtain and consent to medical treatment for my child in case of injury or illness during OGCMA events. And I hereby release and discharge the OGCMA staff, the Ocean Grove Camp Meeting Association of the United Methodist Church, and its representatives, employees, volunteer staff, and agents from any and all debts, judgments, or suits of any kind which may arise or be occasioned as a result of the participant's participation in the programs of the OGCMA.

I further acknowledge and understand that by participating in the programs of the OGCMA is a possibility of physical illness or injury and my child (or self if 21 or over) is assuming the risk for such illness or injury by his/her/my participation. It is my understanding the payment of any medical bills will be paid by me or by my insurance company.

Signature of Parent, Guardian, or self if 21 or over _____

Name of Parent, Guardian, or self (printed) _____

Person to call in case of emergency _____

Emergency phone number _____

Alternate person to call in case of an emergency _____

Alternate emergency phone number _____