# Lutheran Church of the Holy Spirit CAT Camp <u>ADULT</u> Information and Medical Form

Friday, August 16 to Sunday, August 18, 2019

Berg Haus (Hill Evangelical Luther Church) 998 North Mill Street, Lebanon, PA

## [www.lebanonlutherans.org/congregations/hill/berghaus]

Adult Mentor's Full Name:							
Street Address:		City:		Zip code:			
Cell phone:	Spouse Cell Phone:		Home Phone	:			
Email Address:			Birth Date:				

The registration fee for an adult is <u>\$75</u>, less than ¼ the actual cost. You are welcome to contribute to the actual total cost of <u>\$200</u> per participant. Please make your check payable to Lutheran Church of the Holy Spirit and mark in memo line, Cat Camp 2018. Please return this form and your payment to the church office or Pastor Spencer Steele before August 3, 2019.

## Christian Conduct:

Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically. I will not use any kind of illegal drugs, alcohol, or weapons, including but not limited to knives, firearms, or fireworks, at the Lutheran Church of the Holy Spirit and church sponsored activities. The use of tobacco products is prohibited by minors and only permitted outside in designated areas by adults. Remember, even second hand smoke is harmful.

#### **Electronic Devices:**

Please do not bring DVD players, iPods or iPads. Adults are expected to limit their cell phones use to emergencies and for unstructured time. If I bring any electronic device, I release The Lutheran Church of the Holy Spirit, Emmaus, PA from any or all responsibility or damage of said electronic devices.

# **Photos of Event**: [Select all that you give permission for]

- □ A. I give permission to the Lutheran Church of the Holy Spirit to display on church websites or in electronic publications of the church photos and video of myself.
- B. I give permission to the Lutheran Church of the Holy Spirit to display within the church facility any photo or video of myself.
- □ C. I give permission to news media (usually local newspapers) to take photographs or film of an event at the church or church related event of myself.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_

# Participation:

Does participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, destructive behavior? If yes, explain:

Please complete Medical and Allergy Information on next page....

## **Medical and Allergy Information:**

I recognize that there may or may not be risks involved in participating in any activity. I hereby assume all risk of injury, harm, damage, or death to myself, \_\_\_\_\_\_\_, [participant's Full Name]

in connection with his/her participation in an activity at or through The Lutheran Church of the Holy Spirit.

- To the fullest extent permitted by law, I release The Lutheran Church of the Holy Spirit, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless The Lutheran Church of the Holy Spirit, its trustees, officers, directors, employees, agents, representatives from any claims arising out of my minor child's participation in an activity.
- Further, being the parent or legal guardian of my minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.
- The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, may agree to accept responsibility to be sure a minor takes the necessary medication at the appropriate time, but LCHS does not mandate or encourage a leader to do so.

Signature of Participant:				Date:			
In an emergency, please con	tact:						
Name:	F	Relationship:	Emergency Contact Phone:				
Insurance Information: Accident and sickness insurance	e is not prov	vided by Luth	neran Church of	the Holy Spirit. Families	are asked to use their		
family policy as primary carrier required for participation. If yo medical insurance card. <u>Beside</u>	ur insuranc	e informatio	n changes, it is y	our responsibility to su	bmit a new copy of your		
Insured's Name:		Plan:	Policy #	:	_ID #:		
Group #: Mer	nber #:	Insurance Co. Name:					
Medication or Prescription I	<u>nformatio</u>	<u>n</u> :					
Known Allergies:							
Medication Names [Print Legibly]	Dosage	Quantity	Frequency	Directions/Reaction	Reason for Medication		