



CAMPING HEALTH, CONSENT AND RELEASE FORM FOR NORTHBAY ADVENTURE CAMP ONLY

FOR AREA DIRECTORS

Area # _____
 Area Name _____
 Trip Leader/Area Dir. _____
 School Name _____
 Camp Dates _____
 Camper Leader A-Team
 Summer Staff Work Crew
 Adult Guest

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

This form is only good for travel to and from, and attendance at, this specific camp; it may not be used for any other camping trip. A new form must be completed for each Young Life Camp experience.

Note to Parent/Guardian/Guest: Young Life wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history;
2. Medical insurance information; and
3. Proof of physical examination, verified by Physician's signature, required for ALL guests attending Beyond Malibu or camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, Quaker Ridge, RMR, Trail West, or Wilderness Ranch).
4. Pregnant and Post-Delivery Teens: Pregnant teens up to 34 weeks and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release. Teen moms less than 6 weeks post delivery on camp date may not attend. Pregnant teens over 34 weeks to full term are not allowed to attend camp. Pregnant teens over 30 weeks may not attend Washington Family Ranch, Beyond Malibu, Wilderness Ranch, or remote rental camps.

Please make a copy for your records. Camps may not fax or send copies to other camps.

Email _____

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial

Parent or Guardian (or spouse) _____ Cell Phone (____) _____

Home Address _____ Home Phone (____) _____
Street Address City State/Province Zip

Business Address _____ Phone (____) _____

Second Parent or Guardian Emergency Contact _____

Home Address _____ Home Phone (____) _____
Street Address City State/Province Zip

Business Address _____ Phone (____) _____
Street Address City State/Province Zip

If not available in an emergency, notify: Name _____

Home Address _____ Home Phone (____) _____
Street Address City State/Province Zip

Name of School Camper Attends _____

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for camper accidents and that Young Life's insurance is secondary up to a maximum of \$20,000 (\$4,000 for dental claims). Exception: if the total claim is less than \$250, Young Life will pay the full amount. On claims above \$250, Young Life will coordinate payments for deductibles and co-pays. Young Life's policy does not cover camper illnesses. If you have questions, please contact Young Life Benefits and Insurance at (719) 381-1950.

- My insurance company** _____ **Policy Number** _____
Insurance company address _____
- Not currently insured** – Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.

← PROVIDE Insurance Information

Health Care Recommendations: A physician's signature must be on file at time of registration for teens and adults attending Beyond Malibu, or camps located in CO or MN, or a pregnant teen up to 34 weeks or teen giving birth 12 weeks prior to camp (see above). A parent can complete the following health care recommendations if these conditions do not apply.

- 1.) Does applicant have a medical condition such as sickle cell or respiratory or other ailment or condition which would preclude participation at camps with an altitude of 7–14,000 feet? Yes _____ No _____
- 2.) In my opinion, the applicant's condition does does not preclude his/her participation in an active camp program.
- 3.) The applicant is authorized to carry an inhaler, epi pen and other emergency medications with them at all times? Yes _____ No _____

Height _____ Weight _____ Blood Pressure _____

I have examined the applicant within the past 12 months. Date examined _____

Licensed Physician's Signature _____ Date _____ Print Name _____

Address _____ Phone (____) _____

Date of form completion _____ *By _____ (*Initial if completed by nurse or physician's assistant)

← DOCTOR SIGN

The applicant is under the care of a physician for the following condition(s) _____

Any treatment or medication to be continued at camp (specify dosages) _____

Chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (dates) _____

Explanation of any reported loss of consciousness, convulsion or concussion _____

Any allergies (food, drugs, plants, insects) _____

Any medically-prescribed meal plan or dietary restrictions _____

Any camp activities from which child should be excluded? (CO and AZ camps have rigorous activities at elevations from 7-14,000 feet.)

Name and phone of family physician (if attending camp outside of CO & MN) _____

Name and phone of dentist/orthodontist _____

IMMUNIZATION HISTORY: Required immunizations will be determined locally. Record month and year of basic immunizations.				HEALTH HISTORY (Give approximate dates)		
DPT:	Diphtheria	1	1	_____ Frequent Ear Infections	_____ Chicken Pox	_____ Epilepsy
	Pertussis (Whooping Cough)	2	2	_____ Heart Defect/Disease	_____ Measles	_____ Mononucleosis
	Tetanus	3	3	_____ Diabetes	_____ German Measles	_____ Convulsions
TD:	Tetanus			_____ Bleeding/Clotting Disorder	_____ Mumps	_____ last 60 days
	Diphtheria			_____ Hypertension	_____ Hepatitis A	_____ Sickle Cell
	Oral Polio (Sabin) TOPV			_____ Currently Pregnant	_____ Hepatitis B	
	Injectable Polio (SALK)			_____ Has delivered baby	_____ Hepatitis C	
	MMR I & II (Measles, Mumps, Rubella)			in last 10 weeks		
	Other			Allergies/Asthma (Date not needed)		
	Tuberculin test given _____ (most recent)			_____ Hay Fever	_____ Penicillin	
	Haemophilus influenza b (HIB)			_____ Ivy Poisoning, etc.	_____ Other Drugs	
	Hepatitis B			_____ Insect Stings	_____ Asthma	
	Chicken Pox (New York camps only)			_____ Other (specify)		

Applicant has not been immunized for medical, personal, or religious reasons.

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are or are not authorized to pick up your child from camp? YES NO

The following people are allowed to pick my child up from camp _____

The following people are NOT allowed to pick my child up from camp _____

Signature of parent/guardian _____ Date _____

← SIGN

AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Young Life to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize camper to carry emergency medications and use as directed.

Signature of parent or guardian or adult camper/staffer _____ Date _____

← SIGN

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____ Date _____

← SIGN

Camper may carry emergency medications and use as prescribed. Parent/Guardian _____ Date _____

← SIGN

**I have received, reviewed, and agree to the release of my health information as outlined in Young Life's "Notice of Privacy Practices" handout. Additional copies available at www.younglife.org.*

Signature of parent or guardian or adult camper/staffer _____ Date _____

← SIGN

ACKNOWLEDGEMENT OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY WITH PROPER STAFF SUPERVISION.

Signature of parent or guardian or adult camper/staffer _____ Date _____

← SIGN

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

UNDER ARIZONA LAW, A SIGNED RELEASE ACKNOWLEDGES THAT THE PERSON IS AWARE OF THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES, IS WILLING AND ABLE TO ACCEPT FULL RESPONSIBILITIES FOR HIS OWN SAFETY AND WELFARE AND RELEASES THE EQUINE OWNER OR AGENT FROM LIABILITY UNLESS THE EQUINE OWNER OR AGENT IS GROSSLY NEGLIGENT OR COMMITS WILLFUL, WANTON OR INTENTIONAL ACTS OR OMISSIONS.

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE AND NORTHBAY, LLC, HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE AND NORTHBAY, LLC, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD. I AGREE THAT ANY LAWSUIT BROUGHT AGAINST ANY RELEASED PARTY SHALL BE BROUGHT SOLELY IN THE CIRCUIT COURT OF CECIL COUNTY, MARYLAND.

PHOTO RELEASE

I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Signature of parent or guardian or adult camper/staffer _____ Date _____

← SIGN

I also understand and agree to abide with the restrictions placed on my camp activities as listed herein.

Signature of minor or adult camper/staffer _____ Date _____

← SIGN

(If camper is emancipated, proof must be provided prior to camp.)

Printed name of minor or adult camper/staffer _____ Date _____

← SIGN