

Splash Camp – 2025 (Adult)

TRIP INFORMATION

Trip Sponsor: Nassau Presbyterian Church, Youth Ministry Committee
61 Nassau Street, Princeton, NJ 08542 USA Phone: 609-924-0103

Staff Member: Mark Edwards

Trip Dates: Monday - Thursday, June 30-July 3, 2025

PARTICIPANT INFORMATION

Name: _____ DOB: _____ Male Female

Home Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

PRIMARY CONTACT INFORMATION (SPOUSE, PARENTS OR GUARDIANS)

Name: _____ Name: _____

Email: _____ Email: _____

List all phone numbers where the primary contact(s) can be reached (type: i.e. home, cell)

Name: _____ #: _____ Type? _____

Name: _____ #: _____ Type? _____

Name: _____ #: _____ Type? _____

Name: _____ #: _____ Type? _____

NON-SPOUSE/PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ #: _____ Relation: _____

Name: _____ #: _____ Relation: _____

MEDICATION:

List all medications the youth will take during the trip. This includes any prescription, non-prescription medications, herbal supplements and vitamins.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

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MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, including over the counter medications, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

RELEASE & WAIVER

I, the undersigned, will be participating in **Splash Camp** (hereafter the “activity”) with **Nassau Presbyterian Church** on or about **June 30-July 3, 2025**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to myself in connection with my participation in this activity.

To the fullest extent permitted by law, I release **Nassau Presbyterian Church** its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to me while participating in the activity and agree to save and hold harmless **Nassau Presbyterian Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my participation in the activity.

Further, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary. I understand that efforts will be made to get in touch with my emergency contact prior to treatment but, in the event this person cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat me. I understand that I am responsible for my health care decisions 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 me. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

I hereby grant permission to **Nassau Presbyterian Church** to use my photo and/or voice recording on their website, multimedia, Facebook page, Youth Ministry Facebook group, or in other official organization publications. I also acknowledge that Nassau Presbyterian Church may choose not to use my photo/voice at this time but may do so at its own discretion at a later date.

X

Signature of Participant (21+)

Date

Please return this complete form with a copy of the front & back of your insurance card on or before Sunday, June 1, 2025.