

# Splash Camp – 2024 (Youth)

## 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, July 1-4, 2024

## 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, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the “minor child”).

I hereby give my consent to have my minor child participate in will be participating in **Splash Camp** (hereafter the “activity”) with **Nassau Presbyterian Church** on or about **July 1-4, 2024**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her 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 my minor child 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 minor child’s participation in the activity.

Further, being the parent or legal guardian of the 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. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. 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. 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 child’s 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 child’s photo/voice at this time but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published with photos or voice recordings.

X \_\_\_\_\_  
Signature of Participant (21+) or Parent/Guardian Date

**Please return this complete form with a copy of the front & back of your insurance card on or before Sunday, June 2, 2024.**